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PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH  
AND PUBLIC WELFARE

## ANNUAL REPORT

FOR THE CALENDAR YEAR

1949

REPORT NUMBER 27



WINNIPEG, MANITOBA

Printed by C. E. Leech, King's Printer for Manitoba

1950.

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To His Honour,

Roland F. McWilliams, K.C.,

Lieutenant-Governor of the Province of Manitoba.

May it Please Your Honour:

The undersigned has the honour to submit herewith the Annual Report of the Department of Health and Public Welfare of the Province of Manitoba for the calendar year 1949.

Respectfully submitted,

IVAN SCHULTZ,

Minister of Health and Public Welfare.

Winnipeg, Manitoba,

February 28th, 1950.



The Honourable Ivan Schultz, K.C.,  
Minister of Health and Public Welfare,

Sir:

I have the honour of presenting herewith the Annual Report of the Department of Health and Public Welfare of the Province of Manitoba for the calendar year 1949.

Your obedient servant,

C. R. DONOVAN,

A/Deputy Minister of Health and Public Welfare.

Winnipeg, Manitoba,  
February 27th, 1950.



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DEPARTMENT OF HEALTH  
AND PUBLIC WELFARE

Annual Report, 1949

(Calendar Year)

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# GENERAL ADMINISTRATION

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**ACTING CHIEF EXECUTIVE OFFICER**

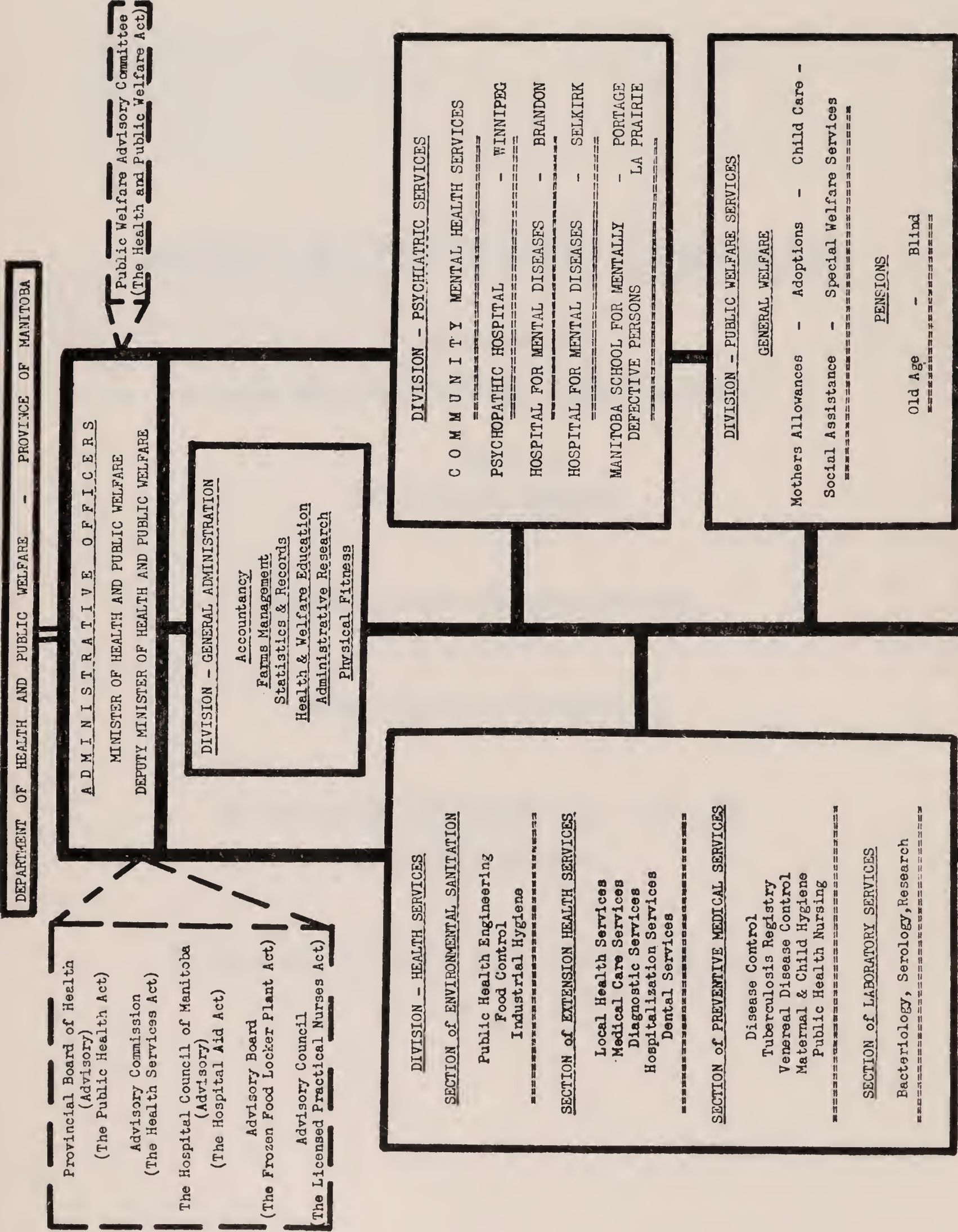
**FARMS MANAGER**

**SUPERVISOR OF COLLECTIONS**

**STATISTICS AND RECORDS**

**HEALTH AND WELFARE EDUCATION  
AND NUTRITION**

**MANITOBA PHYSICAL FITNESS PROGRAM**





# Report of Acting Chief Executive Officer

Honourable Ivan Schultz, K.C.,  
Minister of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Annual Report of the Division of General Administration in the Department of Health and Public Welfare for the calendar year 1949.

The year just past has witnessed considerable development throughout all the services of the department. This has been brought about through the aid received under the Federal Health Grants, as well as the filling of positions throughout the department which have been inactive for some time due to the lack of available personnel. This has resulted in a corresponding benefit to the public health and welfare program of the province. There still exists a grave shortage of qualified medical and nursing personnel, which handicaps the full development of the extension program under the provisions of The Health Services Act.

## (A) FEDERAL HEALTH GRANTS

The Federal Government, through the Honourable Paul Martin, Minister of National Health and Welfare, again made available to this province certain Federal Health Grants which have resulted in a goodly number of Projects being approved and put into operation. A brief statement respecting these is appended:

TABLE I

Projects Approved and Operating as at December 31, 1949.

Grant	Privy Council Number	Particulars
Crippled Children	2058	The Survey, which included clinics staffed by specialists, was continued throughout the year for the purpose of obtaining an idea of the number of children who actually were in need of treatment and recommending the basis on which treatment might be provided.
Cancer Control	2067	Improvement and extension of diagnostic facilities and services.
General Public Health	2066	Continuation of the projects for the extension of the pathological facilities; extension services in certain local health units, including transportation; and provision of incubators to new hospitals which have been opened during the calendar year 1949.
Health Survey	2065	Continuation of plans for the survey of public health facilities in Manitoba, including the morbidity survey which will form part of a dominion - wide morbidity survey.

Grant	Privy Council Number	Particulars
Hospital Construction	2060	Assistance has been given throughout the year to hospitals, medical nursing units, Red Cross outpost hospitals situate at the following points: Altona, Arborg, Baldur, Benito, Birch River, Boissevain, Carman, Cartwright, Erickson, Fisher Branch, Killarney, McCreary, Minnedosa, Morris, Roblin, St. Pierre, Steinbach, Swan River, Wawanesa, Whitemouth and Winnipeg (including: Misericordia, Princess Elizabeth and Winnipeg General Hospitals).  Assistance was also given to the Dauphin Local Health Centre.
Professional Training	2059	Specialized and post-graduate training was given to public health personnel on both the undergraduate and post-graduate levels: It included in 1949 courses of training for 12 under-graduates and 40 graduates.
Tuberculosis Control	2063	Improvement and extension of diagnostic and treatment facilities at the Manitoba and St. Boniface Sanatoria and at the Central Tuberculosis Clinic.
Public Health Research	2064	Study of Nitrate in ground waters and septic tank operation; environmental conditions in rural schools; proper methods of sanitizing utensils used in handling and processing milk; and research study respecting the purification, isolation and identification of Rh Hapton.
Venereal Disease Control	2061	Extension of preventive and treatment services.

The leave-of-absence granted to Doctor F. W. Jackson, Deputy Minister of Health and Public Welfare, remained in force until September 30th, 1949. Doctor Jackson tendered his resignation, effective October 1st, 1949, in order that he might continue his work on a permanent basis with the Department of National Health and Welfare as Director of Health Insurance Studies. The best wishes of the members of this department for his continued success go with him.

#### (B) ADMINISTRATIVE RESEARCH

The regular administrative duties maintained in respect to administrative research during the year included:

##### (1) Personnel:

(a) Maintenance of personal history and job records on all employees, including, recording of revised wage schedules under provisions of Order-in-Council 390/49: The following table indicates the occupied classified positions and the movement of personnel during the year:



TABLE II

	Movement Classified Personnel				
	Occupied Classified Positions as at 31st Dec., 1949.		Classified Employees Enrolled	Resig. or Trans. to Other Dept.	Leave of Absence
	Provincial	F.H.P.*			
Brandon .....	316	2	97	54	18
Portage .....	189	7	46	48	1
Selkirk .....	125	7	58	42	14
Health .....	263	22	83	61	17
Welfare and Pensions .....	112	....	32	26	5
TOTAL .....	1,005	38	316	231	55

\* (Federal Health Projects).

(b) Preparation of 169 Recommendations-to-Council respecting appointments, promotions, and other requirements concerning employment;

(c) Preparation of all correspondence, investigation and follow-up work concerning personnel for the Department of Health and Public Welfare;

(d) Preparation of monthly lists for consideration of further employment of provisional employees as incumbents to established positions following:

- (i) Six months' service, and
- (ii) Twelve months' service by authority of His Honour, the Lieutenant-Governor-in-Council as provided under The Civil Service Act.

The Federal Health Grants, which are the means of amplifying the extension of the Public Health program of the department, increased the Establishment by 66 positions, several of which positions as yet have not been filled. They also provided for the provisional employment of eleven persons to carry out special studies relating to Public Health.

Leave of absence has been granted to the Supervisor of Public Health Nursing Education for a period of two years to conduct the School of Nursing at the University of Manitoba. Leave of absence for study purposes was arranged for 54 employees during the year and extended over varying periods of from one week to thirty-six months. The following table indicates details:

TABLE III  
LEAVES GRANTED FOR STUDY PURPOSES

No.	Classification	Division	Length of Leave	Purpose of Leave
7	Pupil Nurse	Psychiatry	12 mos. (Affiliate Brandon General)	Certification as a Graduate Mental Nurse and Registered Nurse.
3	" "	"	24 mos. (Affiliate Winnipeg General)	Certification as a Graduate Mental Nurse and Registered Nurse.

No.	Classification	Division	Length of Leave	Purpose of Leave
9	" "	"	4 mos. (Affiliate Selkirk General)	Certification as a Practical Nurse.
3	Inst. Nurse	"	10 mos. (McGill Univ.)	Post-graduate study.
2	" "	"	36 mos. (Dauphin Gen.)	Certification as a Registered Nurse.
1	" "	"	1 month	Post - grad. "Surgical Nursing".
2	" "	"	6 months	Post-grad. "Psychiatric Nursing".
1	" "	"	2 months	Post-grad. "Child Guidance".
3	Attendants	"	1 week	Spec. training "Pasteurization".
1	Medical Officer	"	18 months	Post-grad. "Psychiatry".
1	" "	"	2 months	Post-grad. "Pathology".
4	Soc. Welfare Wkr.	Welfare	10-12 months	Post-grad. "Social Work".
1	" " "	"	1 month	Complete work leading to B.Sc. degree.
4	Pub. Health Nurse	Health	1 month	Post-grad. "Supervision".
3	" " "	"	10 months	Post-grad. "Public Health Nursing".
1	" " "	"	14 months	Post-grad. "Cancer Nursing".
1	Lab. Technician	"	10 months	Post-grad. "Bacteriology".
1	Phy. Fitness Sup'r.	"	10 months	Post-grad. "Physical Training".
2	Medical Officers	"	9 months	Post-grad. "Public Health".
1	Nutritionist	"	10 months	Post-grad. "Health Education".
1	Admin. Officer	"	21 months	Post-grad. "Hospital Administration".
1	Clerk Steno.	"	36 months	Certification as a Registered Nurse.
1	Information Writer	"	12 months	Post-grad. "Community Service and Health Education".

## (2) The Health Services Act:

(a) Preparation of all Recommendations-to-Council required in the administration of said Act, including the establishing of local health units, hospital districts, medical nursing units and districts, nursing stations and outpost nursing stations, medical care districts, regulations and other duties assigned thereunder.

(b) Recording of all minutes of The Advisory Commission and sub-committees thereof and preparation of all correspondence arising out of the minutes.

(c) Preparation of maps, charts, etc., as requested.

## (3) General:

**Annual Report of the Department of Health and Public Welfare:** Collection of data, editing, supervision of printing and distribution of said report.

**THE SPECIAL ASSIGNMENTS** received and carried out during the year were as follows:



**(1) Personnel:**

(a) A report on the complete establishment for the department for the year 1949 was prepared. It covered data on 1,166 established positions provided for under the provisions of the Departmental Estimates, and 66 established positions provided for through Federal Health Grants. A number of positions in each of these two groups have not been occupied by qualified personnel to date.

(b) A Survey of all employees over forty years of age employed on a provisional basis with the Department as incumbents to established positions was made. These people are not eligible for permanent appointment under the provisions of The Civil Service Act. A report was submitted to the Civil Service Commission and the Minister of Health and Public Welfare on these employees. This report included 92 personnel.

**(2) Legislation:**

A consolidation was prepared of all legislation administered by the Department of Health and Public Welfare which would be of assistance to the local health unit boards and the medical directors of the local health units throughout the province. This material is now ready for distribution to the units. Copies of the consolidation also were prepared and forwarded to the World Health Organization and the School of Hygiene, University of Toronto.

**(3) General:**

The latest population distribution available from the Dominion Bureau of Statistics was tabulated in map form for the Province of Manitoba and a copy supplied to the office of the Deputy Minister and the Bureau of Extension Health Services.

**(C) REPORTS OF SECTIONAL DIRECTORS IN THE DIVISION  
OF GENERAL ADMINISTRATION**

(1) **Accounts Branch:** No report of this branch is appended with the exception of the Annual Report of Supervisor of Collections, who has charge of maintenance of revenue from the Division of Psychiatry. The work of the Accounts Branch has expanded in line with the demands made upon it through the extension program.

(2) **Farms Management:** The administration of the farms at the three institutions coming under the jurisdiction of this department has continued under the direction of Mr. Crawford, Farms' Manager, and his report is appended.

(3) **Statistics and Records:** The direction of this section has continued throughout the year under the Acting Recorder, Miss L. E. Stewart, and her report is appended.

(4) **Health and Welfare Education:** The Annual Report of this section is appended over the signature of the Director, Miss M. E. Nix.

(5) **Physical Fitness:** The Annual Report of the Director, Hart E. Devenney, is attached.

**(D) APPRECIATION**

A note of appreciation is hereby recorded for the splendid support received from the many organizations and groups associating themselves with the various activities conducted in this department. Special reference is made to:

American Public Health Association,

American Public Welfare Association,

Board of Governors, University of Manitoba,

City of Winnipeg Health Department,  
Children's Aid Societies of Manitoba,  
Central Council of Social Agencies for Greater Winnipeg,  
Connaught Laboratories, Toronto,  
Departments of Provincial Government,  
Department of National Health and Welfare, Ottawa,  
Dominion Council of Health,  
Family Bureau, City of Winnipeg,  
International Health Division of the Rockefeller Foundation,  
Kellogg Foundation,  
Manitoba Pool Elevators,  
Manitoba Medical Association,  
National Film Board,  
School of Hygiene, University of Toronto,  
Union of Manitoba Municipalities,  
Winnipeg Public Library,  
Women's Institutes in Manitoba.

Acknowledgment of the splendid services given to the Department of Health and Public Welfare through the Chairman and members of the hereinafter listed councils, boards, committees, institute and commission throughout the year is hereby recorded:

The Advisory Commission under The Health Services Act,  
The Advisory Council under The Licensed Practical Nurses Act,  
The Advisory Board under The Frozen Food Locker Plant Act,  
The Cancer Relief and Research Institute,  
The Manitoba Hospital Council under The Hospital Aid Act,  
The Provincial Board of Health under The Public Health Act,  
The Public Welfare Advisory Committee,  
The Manitoba Physical Fitness Council,  
The Old Age and Blind Persons' Pensions Board.

The success of the whole program of the Department of Health and Public Welfare is due to the co-operation and loyalty of each member and director of the whole department, and to you, Sir, for your helpful counsel in the many problems of administration.

All of which is respectfully submitted,

C. R. DONOVAN, M.D.,  
Acting Deputy Minister.



# Farms Management

Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

Submitted hereunder is the Annual Report of the three farms in the Department of Health and Public Welfare for the calendar year 1949. The farms are operated at the Hospital for Mental Diseases, Brandon; Hospital for Mental Diseases, Selkirk, and the Manitoba School for Mentally Defective Persons, Portage la Prairie. The total acreage owned is 4,015.17 acres. The farms provide occupation for a large group of patients and supply the institutions with such food stuffs as milk, pork, vegetables and part of the beef consumed.

The total credits received by the farms for food products supplied to the institutions were \$63,199.56; and \$26,019.84 from the sale of surplus animals, grain, vegetables and other produce.

Food stuffs supplied to the institutions are priced the same as ten years ago, and during that period salaries have increased sixty percent while cost of equipment and supplies more than doubled. The farms, therefore, have operated at a loss, as there has been no corresponding increase in credits for produce supplied to the institutions.

## RECEIPTS AND EXPENDITURES—1949

### Revenue—

	Brandon	Selkirk	Portage	TOTALS
Value of produce supplied to the institutions .....	\$30,732.75	\$20,839.58	\$11,627.23	
Sales of surplus animals, produce, etc. ....	10,412.98	10,948.22	4,658.64	
TOTAL REVENUE .....	\$41,145.73	\$31,787.80	\$16,285.87	\$ 89,219.40

### Expenses—

Salaries—farm .....	\$28,219.94	\$21,592.26	\$13,132.78	
Operating Expenses—farm .....	20,344.30	9,982.53	7,336.16	
TOTAL EXPENSES .....	\$48,564.24	\$31,574.79	\$20,468.94	\$100,607.97
TOTAL OPERATING LOSS .....				\$ 11,388.57

The total inventory value of livestock, equipment and produce is \$154,491.61— an increase of \$3,435.79. The above figure, with value of land and buildings, makes a total farm inventory value of over \$400,000.00.



INVENTORIES—December 31, 1949

	Brandon	Selkirk	Portage	TOTALS
Vegetables, grain, etc.:				
Grain, etc. ....	\$ 7,662.20	\$ 7,538.00	\$ 6,272.50	
Vegetables .....	5,936.93	3,555.03	999.20	
Livestock .....	40,260.00	37,725.00	13,780.00	
Machinery—tools, etc. ....	11,244.00	12,108.50	7,410.25	
TOTALS .....	\$65,103.13	\$60,926.53	\$28,461.95	\$154,491.61

Livestock, hay and produce have been listed below sale value, while grain has been listed at local elevator prices. The increase in inventory value is due to new equipment purchased. A proper allowance has been made for depreciation on all equipment.

TOTAL FARM ACREAGES

The total cultivated acreage, with the exception of the acreage set aside for grounds and vegetable gardens, was used for the production of grain, hay, ensilage and pasture crops.

	Brandon	Selkirk	Portage	TOTALS
Total cultivated acreage, including cultivated pastures and gardens ....	1,356	907	624	2,887
Hospital grounds, roads, farm yards, native pastures, etc. ....	524	450.89	153.28	1,128.17
TOTAL ACREAGES .....	1,880	1,357.89	777.28	4,015.17

FIELD CROPS AND GARDENS

Yields of hay at Selkirk were below average, due to lack of spring moisture. Vegetables at Portage returned an unsatisfactory yield. All other crop yields were above average.

Grain and Fodder Crops Produced:

	Brandon	Selkirk	Portage	TOTAL PRODUCED
Oats—bus. ....	7,344	9,895	6,294	23,533
Barley—bus. ....	3,300	3,001	3,189½	9,490½
Hay—ton .....	390	141	108	639
Ensilage—ton .....	310	80	177	567
Returns from SALE OF GRAIN .....	\$259.78	.....	\$975.54	\$1,235.32

(including payments by  
Wheat Board)

Undersized and low grade beets, cabbage, cabbage leaves, carrots, potatoes, turnips and other produce, as in previous years, are fed to livestock.

**Vegetables Supplied to the Institutions—1949:**

	Brandon	Selkirk	Portage	Amount	TOTALS— Value
Beets—lbs. ....	39,715	18,510	5,342	63,567	\$ 635.67
Cabbage .....	82,165	26,825	9,665	118,655	1,186.55
Carrots .....	49,575	21,050	20,910	91,535	915.35
Onions .....	31,061	21,338	6,965	59,364	1,106.13
Parsnips .....	21,650	6,355	784	28,789	287.89
Potatoes—bus. ....	5,743	3,942	2,695	12,380	5,510.00
Tomatoes .....	30,650	8,345	2,772	41,767	922.86
Turnips .....	53,915	22,135	11,353	87,403	655.49
Total value ALL OTHER VEGETABLES .....	\$1,271.20	\$ 412.80	\$ 168.60		\$ 1,852.60
Total value ALL VEGETABLES....	6,583.75	4,483.32	2,005.47		13,072.54
Returns from SALE OF VEGETABLES .....	150.00	1,966.04	247.80		2,363.84
					<u>\$15,436.38</u>

The total value of vegetables on hand at December 31, 1949, was \$10,491.16.

**GROUNDS**

In addition to routine work on the grounds several old and unsightly trees were replaced with young trees of suitable variety.

**LIVESTOCK**

**Cattle**—A herd of pure bred and grade Holstein cattle is maintained on each farm to supply milk for institutional use. Milk production was increased slightly during the year at all farms. Reproduction has been above average. Surplus cows, heifers and young bulls have been sold to breeders and dairymen. The herd at the Hospital for Mental Diseases farm, Selkirk until last May was milked three times daily. Twice a day milking has been practised since that time. This may cause a reduction in annual yield of milk per cow but it will be offset by the addition of a few cows in the milk barn.

**Produce Supplied to the Institutions:**

	Brandon	Selkirk	Portage	Amount	TOTALS— Value
Milk and Cream—lbs. ....	1,136,350	779,570.4	549.814	2,465,734.4	\$43,150.35
Beef—lbs. ....	695	.....	.....	695.	164.37
					<u>\$43,314.72</u>
Returns from Sale of Cattle, Hides, Fat, Bones, etc. ....	\$8,912.29	4,881.92	3,435.30		17,229.51
					<u>\$60,544.23</u>

**Hogs**—Pure bred and grade Yorkshire hogs are raised at the Brandon and Selkirk farms. Hogs have not been kept at the Portage farm since 1947, due to the lack of a piggery. Eighty-four hogs were sold to farmers or on the market and 6 little pigs were donated by the Hospital for Mental Diseases farm in Selkirk to the Knowles School for Boys, in addition to the 339 hogs used in the institutions at Brandon and Selkirk.



### FARM BUILDINGS

**Brandon**—The barns are in reasonably good repair but three require repainting.

The root cellars are satisfactory, except for insufficient floor grills to provide proper ventilation for vegetables in winter storage.

A new greenhouse is badly needed. This building is too small and in poor repair.

An implement shed is required to replace the space in the horse barn shed, formerly used for this purpose and now being used as farm work shop and truck garage.

**Selkirk**—There is not sufficient pen space in the piggery to properly care for all pigs raised. The amount received from the sale of 729 hogs, during the past seven years, was \$26,050.62—and 917 hogs were used for food purposes in the institution during the same period.

**Portage**—The buildings used for hog production were considered undesirable in 1947 and all hogs were disposed of at that time. A new piggery was recommended but has not as yet been built. This building should be constructed in 1950 and immediately put into use. There is a need for approximately one hundred hog carcasses annually in this institution. Hogs at this farm were also fed cheaply as waste food from the kitchen was utilized to advantage in this way and, by discontinuing the hog department, the balance and usefulness of the farm has been reduced. The revenue from the sale of surplus hogs for the five year period 1943 to 1947 amounted to \$24,367.06.

The farm workshop is small and inconvenient. A new building with sufficient space to repair farm machines during the winter months is required.

The shingles on the old section of the dairy barn should be replaced and the entire barn painted.

### STAFF

Several new staff replacements have been made. The new appointees appear to be interested and co-operative. I wish to thank all members of the permanent staff for their interest in their work.

We are again indebted to Mr. W. R. Leslie and his staff at the Morden Experimental Station for assistance in horticultural projects.

I wish also to express my appreciation for the co-operation of the administrative staff at each institution and to you Sir, and the Minister, for your interest in matters pertaining to the farms.

Respectfully submitted,

J. E. CRAWFORD,

Manager, Provincial Institutional Farms.

# Report of Supervisor of Collections

Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I am pleased to submit herewith Report for the calendar year ending December 31st, 1949, for the Bureau of Supervision of Collections.

The total revenue for the year amounted to \$344,006.11 and is the revenue from the following sources:

1. Psychopathic Ward of the Winnipeg General Hospital,
2. Hospital for Mental Diseases, Brandon,
3. Hospital for Mental Diseases, Selkirk,
4. Manitoba School for Mentally Defective Persons, Portage la Prairie,
5. Occupational Therapy.

The following is a comparative statement of revenue for the years 1948 and 1949.

	1948	1949	Increase or Decrease
Psychopathic Hospital .....	\$ 25,961.72	\$ 23,585.75	\$ 2,375.96—
Brandon Hospital for Mental Diseases .....	146,555.63	159,948.32	13,392.69+
Selkirk Hospital for Mental Diseases .....	127,398.62	140,852.20	13,453.58+
Manitoba School, Portage .....	12,714.96	11,751.12	963.84—
Occupational Therapy .....	7,016.41	7,868.72	852.31+
	<u>\$319,647.33</u>	<u>\$344,006.11</u>	<u>\$24,358.78+</u>

Appended hereto is a statement showing how the foregoing totals are made up.

Shown below are the amounts of revenue for the calendar years, 1943 to 1949, inclusive:

1943 .....	\$259,477.38
1944 .....	332,102.63
1945 .....	273,913.95
1946 .....	215,031.14
1947 .....	253,929.65
1948 .....	319,647.33
1949 .....	344,006.11

It is noted from the foregoing that collections for 1949 are increased over 1948 for the Hospitals for Mental Diseases at Brandon and Selkirk and for Occupational Therapy, and that there is a decrease in collections for the Manitoba School for Mentally Defective Persons at Portage la Prairie and the Psychopathic Hospital.

**MENTAL DEFECTIVES IN PRIVATE HOMES**

There are seventy-seven patients, as at December 31st, 1949, placed in several homes within the Province and accounts for their maintenance are mailed to this bureau each month, certified and passed for payment. This represents an increase of seven patients over 1948.

Respectfully submitted,

E. S. MacINNES,  
Supervisor of Collections.



MAINTENANCE REVENUE ACCOUNT

12 Months' Period ending December 31st, 1949.

	Provincial and Private Patients	Indian Patients	Soldiers	Dept. of Justice Patients	Patients Outside the Institution	Occupational Therapy	TOTAL RECEIPTS
Brandon Hospital for Mental Diseases	\$117,817.97	\$14,644.50	\$27,485.85	\$	\$	\$6,356.75	\$166,305.07
Selkirk Hospital for Mental Diseases	80,569.73	6,136.02	52,790.94	1,355.51		1,198.32	142,050.52
Manitoba School, Portage la Prairie	11,092.73				658.39	313.65	12,064.77
Psychopathic Hospital, Winnipeg	23,585.75						23,585.75
	\$233,066.18	\$20,780.52	\$80,276.79	\$ 1,355.51	\$ 658.39	\$7,868.72	\$344,006.11

# Statistics and Records

---

Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the Final Statistical and Financial reports of the Division of Vital Statistics for the year 1949.

The number of live births registered 19,459, of marriages 7,265, and of deaths 6,892.

The legal character of birth, marriage and death registrations make partial or incorrect statements particularly faulty when such documents are presented as evidence. Omissions and inaccuracies also seriously affect the interpretation and use of statistical compilations based on these registrations.

It is the duty of local division registrars, before accepting registrations for filing, to review the Official Notice of Birth, Marriage, Death and Stillbirth and to secure from physicians and others responsible for preparing the notices, corrections of apparent inaccuracies and missing information.

**Accuracy of Original Data:** No statistical procedure can be devised that will satisfactorily invent facts. The final result is always limited by the original material; and for this reason classification cannot be considered a method for improving poor information. However, the inadequacy of the original data may play an important part in determining the classification plan. Exact information may be tabulated in detailed classes, but if the original information is crude and inaccurate, the classification groups must be correspondingly inferior and approximate.

Most of the vital statistics tables are used in conjunction with corresponding population tables. Mortality statistics are generally tabulated by such basic factors as geographic area, cause of death, age, race, sex, nativity, and month of death. The classification of deaths by age at death and of births by age of parents is essential to most vital statistics studies.

One of the primary purposes of the collection of vital statistics is to obtain data that makes possible a comparison of death and birth rates between countries, provinces, cities and other geographic units. Local health units are organized to deal with health problems by areas. All registrations are collected as from the place of occurrence; tabulations are made according to place of residence.

TABLE I

**BIRTHS (EXCLUDING STILLBIRTHS), MARRIAGES AND DEATHS  
WITH RATES PER 1,000 POPULATION**

**Manitoba—1947, 1948, 1949**

	1949		**1948		*1947	
	Number	Rate	Number	Rate	Number	Rate
Livebirths—White .....	18,554	24.3	18,202	25.6	19,225	27.0
Indian .....	905	56.6	886	57.0	1,184	76.2
All .....	19,459	25.0	19,088	26.3	20,409	28.1
Marriages—White .....	7,133	9.4	7,203	10.1	7,607	10.7
Indian (on Reserve) .....	132	8.2	117	7.5	106	6.8
All .....	7,265	9.3	7,320	10.1	7,713	10.6
Deaths—White .....	6,462	8.5	6,264	8.8	6,219	8.7
Indian .....	430	26.9	388	24.9	531	34.2
All .....	6,892	8.9	6,652	9.1	(1)6,750	9.3

\*\*—1948 Vital Statistics figures.

\*—1947 Figures as given by the Dominion Bureau of Statistics save for Indian Marriages which are not compiled separately.

(1)—Does not include 21 unidentified deaths in train accident at Dugald, Man

TABLE II

**DEATHS IN MANITOBA BY AGE, SEX, AND RACE**

**(The total at each age compared with 1947 and 1948)**

	White		Indian		All 1949	1948	All 1947
	M.	F.	M.	F.			
Under 1 year .....	329	250	93	77	749	765	931
1- 4 .....	61	49	26	22	158	174	174
5-14 .....	50	39	12	19	120	124	138
15-24 .....	91	53	18	28	190	177	201
25-44 .....	248	201	16	27	492	486	473
45-64 .....	943	530	21	9	1,503	1,571	1,524
65-79 .....	1,431	956	19	20	2,426	2,178	2,193
80 yrs. and over .....	628	603	9	14	1,254	1,194	1,116
Not stated .....	....	....	....	....	....	1	21(1)
	3,781	2,681	214	216	6,892	6,670	6,771(1)

Stillbirths (1949)—341.

(1)—Includes 21 unidentified deaths in train accident at Dugald, Manitoba.

1947—Dominion Bureau of Statistics final figures.

1948—Dominion Bureau of Statistics preliminary figures.



TABLE III  
DEATHS FROM CERTAIN CAUSES  
Manitoba, 1949

With deaths per 100,000 populations.  
Whites and Indians with rates of previous years.

Cause	Totals		Whites No.	inc. H.B. Rate	Indians No.	Rate	Provincial Rates	
	No.	Rate					1947	1948
Influenza .....	77	9.9	43	5.6	34	212.5	10.6	5.7
Tuberculosis .....	230	29.6	109	14.3	121	756.2	41.4	38.0
Syphilis .....	30	3.9	28	3.7	2	12.5	5.4	4.1
Other Infectious diseases .....	76	9.8	61	8.0	15	93.7	12.8*	10.2*
Cancer .....	954	122.6	948	124.4	6	37.5	121.8	126.6
Rheumatism .....	38	4.9	36	4.7	2	12.5	2.7*	4.4*
Diabetes .....	147	18.9	146	19.2	1	6.2	20.9	16.9
Thyroid Disease .....	13	1.7	12	1.6	1	6.2	2.8	1.8
Anaemias .....	24	3.1	24	3.1	....	....	3.1	2.2
Intracranial Lesions of vascular origin .....	630	81.0	624	81.9	6	37.5	80.2	82.7
Psychosis .....	3	0.4	3	0.4	....	....	0.9	0.8
Heart disease .....	2,017	259.3	2,007	263.4	10	62.5	241.9	251.9
Arteriosclerosis .....	162	20.8	162	21.3	....	....	23.4*	20.7*
High Blood Pressure .....	11	1.4	10	1.3	1	6.2	1.3*	1.1*
Pneumonias .....	311	40.0	256	33.6	55	343.7	49.0	41.3
Bronchitis and Asthma .....	46	5.9	45	5.9	1	6.2	7.8	7.0
Disease of Stomach .....	53	6.8	52	6.8	1	6.2	6.9	6.3
Diarrhoea and Enteritis .....	135	17.4	94	12.3	41	256.2	14.4	11.4
Appendicitis .....	18	2.3	17	2.2	1	6.2	2.6	2.8
Hernia and Intestinal Obstruction .....	51	6.6	50	6.6	1	6.2	6.2	6.3
Nephritis .....	223	28.7	220	28.9	3	18.7	26.1	28.3
Prostatic Disease .....	49	6.3	49	6.4	....	....	5.4	4.6
Maternal Causes .....	23	3.0	18	2.4	5	31.2	3.1	3.7
Premature Births .....	139	17.9	130	17.1	9	56.2	28.3*	17.7*
Old Age .....	110	14.1	92	12.1	18	112.5	16.6	16.0
Suicide .....	81	10.4	81	10.6	....	....	10.9	11.2
Homicide .....	12	1.5	12	1.6	....	....	0.9	2.1
Accidents .....	446	57.3	431	56.6	15	93.7	56.3*	52.6*
All Causes .....	6,892	885.9	6,462	848.0	430	2,687.5	911.3	881.1
Premature Births—Deaths per 1,000 Live Births .....						7.1	12.5	9.0
Maternal Causes—Deaths per 1,000 Live Births .....						1.2	1.1	1.5

1947—Dominion Bureau of Statistics final figures except those with \* which are Vital Statistics figures.  
1948—Dominion Bureau of Statistics preliminary figures except those with \* which are Vital Statistics figures.

INFANT MORTALITY

Stillbirths are not included with live births for purposes of statistical analysis, and, therefore, do not enter in the calculations of "Infant Mortality".



TABLE IV

## DEATHS OF CHILDREN UNDER ONE YEAR OF AGE

Manitoba—1949

By Cause and Age

	Under 15 days	15 days to 1 month	1 month to 1 year	Under 1 year
<b>Whites:</b>				
Bronchitis, pneumonia and influenza .....	10	10	69	89
Diarrhoea and Enteritis .....	7	7	60	74
Other Communicable Diseases .....	....	1	10	11
Congenital Heart Diseases .....	14	2	15	31
Other Congenital Malformations .....	32	8	26	66
Congenital Debility .....	4	1	5	10
Premature Birth .....	125	....	5	130
Injury at Birth .....	65	....	3	68
Other Diseases .....	34	5	35	74
Accidents .....	2	1	18	21
Ill-defined and Unknown .....	2	....	3	5
	295	35	249	579
<b>Indians:</b>				
Bronchitis, pneumonia and influenza .....	4	4	49	57
Diarrhoea and Enteritis .....	....	2	31	33
Other Communicable Diseases .....	....	....	15	15
Congenital Heart Disease .....	1	1	....	2
Other Congenital Malformations .....	1	....	2	3
Congenital Debility .....	3	1	5	9
Premature Birth .....	7	....	2	9
Injury at Birth .....	2	....	....	2
Other Diseases .....	6	....	8	14
Accidents .....	1	....	2	3
Ill-defined and Unknown .....	5	1	17	23
	30	9	131	170
<b>All</b> .....	325	44	380	749

Maternal wastage is usually measured by the ratio of deaths from puerperal causes to every 1,000 children born alive each year. The maternal death rate in Manitoba for the twelve months of 1949 is 1.2.

TABLE V

## CAUSES OF MATERNAL DEATHS

Manitoba—1947, 1948, and 1949.

	1947 All	1948 All	Whites and Half-Breeds	1949 Indians	All
Abortion .....	3	3	1	....	1
Haemorrhage .....	4	5	1	....	1
Infection .....	4	6	7	....	7
Toxaemia .....	6	5	6	....	6
Other .....	6	9	3	5	8
	23	28	18	5	23
Number per 1,000 Live Births .....	1.1	1.5	1.0	5.5	1.2

TABLE VI

## DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM

Manitoba—1949

	Under 45	45-64	65-79	80 and over	M.	F.	All
<b>Whites:</b>							
<b>Heart</b> .....	<b>79</b>	<b>522</b>	<b>938</b>	<b>468</b>	<b>1,274</b>	<b>733</b>	<b>2,007</b>
Coronary disease and Angina							
Pectoris .....	39	307	478	128	708	244	952
Myocardial disease .....	11	135	367	295	430	378	808
Valvular endocardial .....	26	45	48	21	67	73	140
Other and unspecified .....	3	35	45	24	69	38	107
<b>Arteries and Veins</b> .....	<b>11</b>	<b>27</b>	<b>81</b>	<b>108</b>	<b>123</b>	<b>104</b>	<b>227</b>
Aneurysm .....	5	13	9	2	24	5	29
Arteriosclerosis .....	—	4	58	100	72	90	162
Gangrene .....	—	1	4	3	6	2	8
Hypertension .....	2	5	2	1	9	1	10
Varices .....	1	2	—	—	1	2	3
Others .....	3	2	8	2	11	4	15
<b>Other</b> .....	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Associated Conditions</b> .....	<b>35</b>	<b>194</b>	<b>439</b>	<b>290</b>	<b>473</b>	<b>485</b>	<b>958</b>
Cerebral haemorrhage and other cerebro-vascular lesions .....	12	129	320	163	311	313	624
Chronic Nephritis .....	7	25	48	108	101	87	188
Diabetes .....	16	40	71	19	61	85	146
Total Whites .....	125	743	1,458	866	1,870	1,322	3,192
<b>Indians:</b>							
<b>Heart</b> .....	<b>3</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>10</b>
Myocardial disease .....	—	—	3	2	2	3	5
Valvular endocardial .....	1	—	1	—	2	—	2
Other and unspecified .....	2	1	—	—	1	2	3
<b>Arteries and Veins</b> .....	<b>—</b>	<b>1</b>	<b>1</b>	<b>—</b>	<b>—</b>	<b>2</b>	<b>2</b>
Gangrene .....	—	—	1	—	—	1	1
Hypertension .....	—	1	—	—	—	1	1
<b>Associated Conditions</b> .....	<b>—</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>8</b>
Cerebral haemorrhage and other cerebro-vascular lesions .....	—	4	2	—	3	3	6
Chronic Nephritis .....	—	—	—	1	—	1	1
Diabetes .....	—	1	—	—	—	1	1
Total Indians .....	3	7	7	3	8	12	20
Grand Total .....	128	750	1,465	869	1,878	1,334	3,212

TABLE VII

**DEATHS DUE TO CANCER—SHOWING MAIN SITES**  
**Manitoba—1949**

Site	Under 45	45-64	65 and Over	M.	F.	All
Buccal Cavity and Pharynx .....	....	8	18	22	4	26
Digestive Organs and Peritoneum .....	15	141	281	267	170	437
Respiratory System .....	4	45	50	83	16	99
Uterus .....	15	24	25	....	64	64
Female Genital Organs .....	6	9	10	....	25	25
Breast .....	16	37	26	....	79	79
Male Genital Organs .....	3	10	55	68	....	68
Urinary Organs .....	1	18	30	31	18	49
Skin .....	2	3	12	10	7	17
Brain .....	10	9	1	7	13	20
Other .....	11	29	30	36	34	70
	—	—	—	—	—	—
	83	333	538	524	430	954

TABLE VIII

**DEATHS FROM CANCER ACCORDING TO AREA OF RESIDENCE**  
**Manitoba—1949**

	M.	F.	All	1946 Census Population	Rate per 100,000 Population
Winnipeg .....	203	177	380	229,045	165.9
St. Boniface .....	21	11	32	21,613	148.1
Portage la Prairie .....	7	5	12	7,620	157.5
Brandon .....	21	14	35	17,551	199.4
Towns .....	35	42	77	53,144	144.9
Villages .....	20	9	29	15,953	181.2
Urban Municipalities .....	29	32	61	50,427	121.0
Rural .....	146	114	260	271,062	95.9
Local Government Districts .....	20	16	36 }	44,963	89.0
Unorganized Territory .....	3	1	4 }		
Indian Reserves .....	5	2	7	15,545	45.0
Outside Manitoba .....	14	7	21		
	—	—	—	—	—
	524	430	954	726,923	131.2



TABLE IX

DEATHS FROM TUBERCULOSIS

Among Whites, Half-Breeds, Indians—by age, sex and type  
Manitoba—1949

	Under 25		25 - 64		65 and Over		All
	M.	F.	M.	F.	M.	F.	
<b>Whites:</b>							
Respiratory .....	5	2	30	18	13	5	73
Other .....	4	6	4	6	1	2	23
<b>Half-Breeds:</b>							
Respiratory .....	2	3	1	2	1	....	9
Other .....	2	1	1	....	....	....	4
<b>Indians:</b>							
Respiratory .....	23	37	17	16	3	6	102
Other .....	9	9	1	....	....	....	19
	—	—	—	—	—	—	—
	45	58	54	42	18	13	230

TABLE X

DEATHS FROM TUBERCULOSIS

According to Area of Residence  
Manitoba—1949

	M.	F.	All	1946 Census Population	Rate per 100,000 Population
Winnipeg .....	22	14	36	229,045	15.7
St. Boniface .....	1	2	3	21,613	13.9
Portage la Prairie .....	1	3	4	7,620	52.5
Brandon .....	5	1	6	17,551	34.2
Towns .....	9	6	15	53,144	28.2
Villages .....	2	2	4	15,953	25.1
Urban Municipalities .....	....	2	2	50,427	4.0
Rural Municipalities .....	13	8	21	271,062	7.7
Local Government Districts .....	13	8	21 }	44,963	64.5
Unorganized Territory .....	4	4	8 }		
Indian Reserves .....	43	52	95	15,545	611.1
Outside Manitoba .....	4	11	15		
	—	—	—	—	—
	117	113	230	726,923	31.6



**REVENUE FROM CERTIFICATES ISSUED BY BUREAU OF VITAL STATISTICS  
1939-1949**

Sources of Revenue	Number 1949	Revenue 1949	5 years Averages:	
			1939-1943	1944-1948
Birth Certificates .....	18,717	\$14,037.25	\$ 8,299.00	\$13,913.00
Death Certificates .....	1,875	1,406.25	638.75	1,203.80
Marriage Certificates .....	2,421	1,815.75	985.20	2,409.60
Paid Searches made .....	23,176	11,587.75	5,705.40	7,335.90
Marriage Licences .....	5,640	22,559.00	26,347.80	24,424.80
Special Authorization .....	108	540.00	296.00	474.00
Late Registration .....	1,071	1,071.00	1,245.00	1,271.60
Correction of records .....	610	610.00	469.00	654.60
Legitimations .....	130	130.00	108.00	119.80
Adoptions .....	294	294.00		288.00
Certified Copies and Photostats. ....		266.50		
Dispensation of Banns .....	5	20.00		
Miscellaneous .....		3,574.12	2,925.59	4,697.30
Totals .....		<u>\$57,911.62</u>	<u>\$47,019.74</u>	<u>\$56,792.13</u>

It has been agreed that the tables in this report be limited, as complete analyses of the records are published by the Dominion Bureau of Statistics. Detailed analyses are, however, available for reference at the office of the Division.

Respectfully submitted,

L. E. STEWART,

Acting Recorder,

Statistics and Records.

# Health and Welfare Education and Nutrition

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Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the Annual Report of the Bureau of Health and Welfare Education for the year ending December 31st, 1949.

A modern program in public health education has its origin in the lives of the people. The ultimate goal of this bureau is to teach the facts about human life—its survival, development and protection—in such a way that the conduct of individuals will reflect the knowledge gained from the teaching: As Oberteuffer says in his book, **School Health Education**: “Behavior is more important than either knowledge or the elusive attitude because without the action the thought is impotent.”

The response throughout the year, in terms of individual and community action has been gratifying. All techniques and media have been used and although the statistics contained in this report show a continued and in some instances, an improved interest, a true evaluation can only be made by an analysis of the indices of the health of the people of this province. This bureau is a part of the team of public health workers whose day to day program includes education that favourably influences the lives of the people it serves.

## POINTS OF SPECIAL INTEREST

**Personnel:** Miss Olga Anderson, B.Sc. (Home Economics), M.S.P.H., senior nutritionist and health educator, resigned as of August 31st, 1949, to become Director of Health Education for the Saskatchewan Department of Health.

Miss Marie Alford, B.Sc. (Home Economics), M.S.P.H., returned from Chapel Hill, University of North Carolina, where she completed a post-graduate course in Public Health Education. Miss Alford was assigned to the Red River Local Health Unit as Health Educator as of October 1st, 1949, to do a one year's demonstration program of health education on the local level.

Miss Jean Peters, informational Writer II, is on leave of absence for one year in order to do post-graduate work in Community Service at Columbia University. Mrs. Margaret McKay is temporarily employed in the above position.

The Health and Welfare Library under the direction of Miss Anna Wells, became a branch of the Provincial Library as of April 1st, 1949.

**Federal Grants:** The following is a list of projects made possible through Federal Health Grants during the past year:

Purchase of a generator for running projectors;

Purchase of eleven Bell and Howell projectors for local health units;



Building a permanent exhibit on "The Manitoba Health Plan" to be used at fairs, conventions, etc.;

Salary and transportation for Miss Marie Alford, health educator for Red River Local Health Unit;

Professional Training Grant (\$620.00) for Miss Donna Baxter, B.Sc. (Home Economics), who is taking a post-graduate course in Public Health Nutrition at Simmons College, Boston, Mass.:

Purchase of twenty-one health education films.

**Newfoundland Survey:** The Director was granted six weeks leave of absence to conduct a Health Education Survey for the Province of Newfoundland during May and June, 1949. The Survey Report resulted in the Director organizing in October, a five-weeks' field training program in Manitoba for Miss Daphne Pratt, the newly appointed Director of Health Education for the Newfoundland Department of Public Health.

**Conferences:** The Director attended the Annual Health Education Conference held in Ottawa, March 3rd-5th, 1949, and during vacation, the Director was invited to attend the North Carolina Health Education Workshop held in Chapel Hill, N.C., March 14th - 20th. Special attention was given to the development of a Health Education program on the local level. A similar program has since been started in Manitoba.

**Portage la Prairie Gaol for Women:** After two visits to the Gaol at the request of Miss Jessie Macpherson, Matron, the Director organized a series of film showings to be run every two weeks for the women. The Portage Local Health Unit projector has been loaned for these programs which are very well received.

### HEALTH EDUCATION AT THE LOCAL LEVEL

Short intensive programs in Health Education have been conducted during the last three years, in several local health unit areas. Brandon and Virden had the services of Miss Olga Anderson for a period of two months and one month respectively. It was felt that although some good results were forthcoming, it was impossible to plan long-range programs under this short-term policy. Miss Marie Alford, qualified Health Educator, as a result, was assigned on October 1st, 1949, to the Red River Local Health Unit to do a one-year's demonstration program. Reports thus far indicate that the Health Educator is an important addition to the team of public health personnel.

### SCHOOL HEALTH EDUCATION

**Faculty of Education:** A course of twenty-two lectures was organized by the Director for the Faculty of Education students, January to April. One-third of the time was devoted to the problems of mental health. This course, given by Dr. J. Asselstine of the Psychopathic Hospital, was well received. Cancer, tuberculosis, school health service, and teaching methods comprised the rest of the series. Eight field trips to various public health agencies by groups of students were also arranged.

**Summer School In-Service Training:** The Director was requested by the Department of Education to supervise the Health Education curriculum for the in-service teachers course at Gimli during July. Heretofore, the teaching was done by a nurse who was also responsible for the health of the students. This year, the duties were divided. A qualified nurse was appointed and Miss Olga Anderson conducted the lectures in Health Education.



Questionnaires were sent out to each student registering requesting information on any specific problems they wished to work on during the course. A total of 140 were returned and the program was based on the findings. Twelve groups were formed, each one working throughout the month on a specific health education unit. Materials, bibliographies, and a large library were provided and regular film showings increased the teachers' interest in visual aids. Ten lectures were given by consultants in special fields.

It was felt although the course was well received, that the time allowed for Health Education was not adequate.

**Provincial Normal School:** A full-time instructor is supplied to the Normal School by the Bureau of Public Health Nursing of this Department. A summary of her work is included in the report of the said bureau.

**PROFESSIONAL EDUCATION**

Five lectures on Community Organization and Health Education were given by the Director to the Faculty of Medicine and four lectures on Methods and Materials in Health Education were given to the Faculty of Nursing.

**MEETINGS**

Requests for public addresses were received during the year, from many points throughout the province. The topics for discussion were varied but the most frequent subject included some phase of mental hygiene. Hospital votes in the Whitemouth, Neepawa and Gladstone districts required thirty meetings. Wherever possible, a series of meetings is sponsored by the local health units. Swan Valley, Brandon and Neepawa organized a special series for the Director this year. One hundred and forty-six talks were given by the Director to a total attendance of 11,470 people. These involved the visiting of fifty towns throughout the province.

**VISUAL AIDS**

The demand for films and projectors has increased considerably during the year. Since projectors have been supplied to twelve local health units, the unit staff has found that using films or filmstrips at their meetings has made their teaching more effective. The quality of the films has steadily improved and it is our hope that the gap between scientific knowledge and health practice will be narrowed speedily.

A summary of the film, filmstrip, and projector service is as follows:

**VISUAL AID SERVICES**

Equipment	On Hand	No. Bookings	No. Showings
Films .....	79	1,617	70,006
Filmstrips .....	63	269	8,286
Projectors:		126	
RCA Victor Movie .....	4	}	
Bell & Howell Movie .....	13		
Filmstrip .....	5	{	
Glass slide .....	1		
Screens .....	13	32	

**New Films** include "Battling Brucellosis", "Over Dependency", "Girls in White", "Human Reproduction", "The Feeling of Rejection", "The Feeling of Hostility", "Modern Surgery", "Cleanliness and Health", "Told by a Tooth", "Problem Children", "Get Rid of Rats", "Vitamin D", etcetera.

**Films** (Second prints) include "The Story of Menstruation", "Human Growth", and "Body Care and Grooming".

### **PUBLICITY, PUBLIC RELATIONS AND MATERIALS**

The Informational Writer is in charge of all newspaper and radio publicity, writes and edits special articles, arranges interviews for visitors to the department, supervises the production of pamphlets, posters and exhibits, organizes and conducts campaigns and acts as liaison with regard to health and welfare publicity for other agencies.

A summary of the report of the Informational Writer is as follows:

Copy written or edited, format and production supervised for the following new publications:

The Septic Tank	Yours to Use—Catalogues of Visual Aids
Home Water Supply	Better Health for You—special project for
Spring Clean-up	Virden Local Health Unit
Knit Two—Purl Two	Better Health for You—special project for
Babies' Names	Stonewall Local Health Unit
Born to Live	Hey Mom, Have you a Pre-schooler?
Better School Lunches	Good Food Deserves Clean Dishes
Health Unit Code	Why Bother about Sanitation?
Mr. Foodhandler	
Miss Foodhandler	

### **DISTRIBUTION OF LITERATURE**

It is the policy of this bureau to redirect any requests for literature to the local health unit headquarters if the request comes from a resident within the unit area. The Medical Director and his staff in this way, are able to judge the interest of their district and at the same time discover certain problems that require the unit's attention.

The total distribution from head office is down this year as the units have now received a complete stock and are distributing material directly to over half the rural population.

The generous support given by Informational Services Division, National Health and Welfare is gratefully acknowledged. Their material, supplied in many varieties and in large quantities has made it possible for this bureau to continue to develop literature of special interest to Manitoba. Acknowledgement is also made to the Metropolitan Life Insurance Company, and the Manitoba Sanatorium Board.

The following is a report of the pamphlet and poster stock, and distribution:

No. of new pamphlets developed by Health and Welfare Education	16
No. of titles included in stock .....	167
Total Stock on hand .....	316,277
Total Stock received free from Outside Agencies .....	196,105
Total Stock purchased by Department of Health and Public Welfare	18,000



Distribution of Pamphlets and Posters to:

Local health units .....	72,828
Teachers and students .....	64,572
Hospitals .....	24,201
Winnipeg Department of Health .....	20,615
Voluntary agencies .....	17,854
Department of Health and Public Welfare .....	11,454
Other Manitoba departments .....	10,739
Physicians and part-time health officers .....	8,636
Nursing and medical students .....	7,215
Public health nurses .....	6,926
Industries .....	3,453
Outside the Province .....	2,648
Dentists .....	1,303
Social workers .....	519
Mailing list .....	286
Dominion Government—Indian Health Service .....	178
Education students .....	177
Individual requests .....	23,812
Pamphlet rack .....	7,192
TOTAL .....	284,608

Articles:

Number of Articles prepared for:

“The Bison” .....	5
“The Manitoba School Journal” .....	11
“The Manitoba School Trustee” .....	2
“The Manitoba Teacher” .....	1

A special article on “The History of Public Health in Manitoba” was prepared for the Manitoba Cooperator, Anniversary Issue, in October.

Cooperation with Outside Agencies:

Two newspaper articles on foster homes were written for the Children’s Aid Society of Greater Winnipeg;

Copy was written, photograph taken, and format designed for “A Job With a Future”—a vocational guidance pamphlet for the Canadian Association of Social Workers;

Copy was written, format designed and printing supervised for “Let’s Go”—a brochure announcing the First Western Canada Waterworks and Sewage Conference. Press and radio releases also were prepared and appeared in provincial papers;

Advertising leaflet prepared and news releases written for the March of Books campaign;

Publicity was prepared for the National Health and Welfare Pamphlet “Pure Food—Safe Drugs”;

Special releases were prepared for the Health League of Canada and the World Health Day;



An Immunization Campaign was handled by this bureau for Manitoba in cooperation with the Health League of Canada;

Four pamphlets were prepared on foodhandling for a course held by the City of Winnipeg Department of Health for restaurant workers;

Announcements, a three-page letter outlining the program, registration cards and signs, were supervised and printed in this bureau for the first Canadian Veterinary Medical Association conference. Press and radio releases were prepared and coverage was excellent;

Press and radio releases were given out for the yearly medical examinations at the Provincial Normal School;

This bureau prepared two articles about tuberculosis for the Manitoba Sanatorium Board during the Christmas Seal Campaign;

A campaign to announce the radio series "In Search of Ourselves" was started in this bureau in cooperation with the National Committee for Mental Hygiene.

#### **Campaigns:**

(1) **Vitamin D.**—Working with the kind cooperation of the Manitoba Pharmaceutical Association, Vitamin D. publicity kits were sent to all Manitoba Drugstore owners and to the local health units. Special news releases were prepared and sent to daily and weekly papers. Pamphlets and posters were distributed through the schools and a special article was prepared for the Manitoba School Journal. A notice in addition, was placed in the M.F.A.C. newsletter, and two radio talks were given by members of the CBC staff.

(2) **Spring Clean-up.**—Pamphlets, posters and window stickers were prepared and distributed along with materials from the Canadian Beautification Bureau to all local health units. A series of news releases and radio spot announcements were prepared and sent out.

(3) **Hospitals.**—The openings of the Dauphin Health and Welfare Centre and the Carman Hospital were attended and news and feature stories, with pictures, were prepared. Programs for both these events were developed and printed by this bureau. Special publicity, radio and press releases, and handouts describing the hospital plans for the ratepayers were prepared in this office for four hospital district votes—Neepawa, Gladstone, Morden, and Whitemouth.

(4) **Pre-School Health Examination.**—Press and radio releases were prepared. Newspapers and radio stations carried news stories. The importance of medical examinations for children preparing to go to school was mentioned on women's programs, rural programs, and Farm Broadcasts, and time for spot announcements was donated by the radio stations.

(5) **Immunization.**—Press and radio releases for the whole province prepared and mailed from this bureau. Special letters to all editors of local newspapers asking their cooperation and sending them material for editorials. Visits to newspapers and radio stations in Winnipeg resulted in stories, and editorials in the newspapers, news stories and spot announcements on the radio stations, special mention of Immunization Week on women's programs and CBC Farm Broadcast, and three radio speeches, one given by the Honourable Ivan Schultz over CBW; and the Director gave one over CBW and a French broadcast over CKSB.

(6) **Mental Health Radio Programs.**—This campaign was started shortly before Christmas for the programs beginning January 17, 1950. The campaign was finished early in January but the 1949 summary is included here. This bureau composed and printed form letters to announce the radio series and mailed out 13,000 brochures announcing the programs. Each letter contained a coupon order form for those people who wished to have discussion guide booklets for the series.

The cooperation of daily newspapers, radio stations, news agencies and magazines has been most encouraging. Stories have been printed and read over the air for campaigns, for staff appointments and changes, visitors to the department and members of the staff. Radio interviews have been arranged for special visitors and events, and these also have been mentioned on women's programs, rural features, talks, and Farm Broadcasts.

A clipping scrapbook was started in January, 1949, to keep a record of stories which appeared in the newspapers about the Department of Health and Public Welfare.

**Printing Service:** The quality of the work produced by the Multilith machine has improved and the service to the department as a whole has increased. The year's output covers 981,910 pages of multilith and 195,430 pages of mimeograph material, or a total production of 1,177,340 pages.

### ART REPORT

Formats and content layouts were designed for each of the sixteen pamphlets produced by this bureau. Two hundred and forty-four signs and name plates were lettered for local health units and department offices. A total of Two hundred and sixty-six multilith plates were lined or illustrated.

**Exhibits:** The following nine exhibits were designed and developed in the Art Room for conventions or fairs:

Manitoba Teachers Society Convention—"Signals of Health";

Manitoba Association of Registered Nurses Convention—"V.D. on the Four Sector Front";

Medical Directors Conference—"Health Education Materials";

Physical Fitness—"Physical Fitness in the Community";

St. Boniface Local Health Unit—"Pour Protéger la Santé dans nos Foyers";

Virden Local Health Unit—"Unit Facilities";

Women's Institute Convention—"Yours to Use";

Steinbach Agricultural Fair—"Dental Care";

Manitoba Medical Association—"Safe Well Water".

"Manitoba's Health Plan", a large exhibit, was made by Display Industries in May, and paid for by Federal Health Grant. This was shown throughout the City of Winnipeg and province at the following places:

M.F.A.C. Convention, Winnipeg;  
Brandon Fair;  
Dauphin Fair;  
Portage la Prairie Fair;

St. Vital Fair;  
Rotary Club, Flin Flon;  
Carman Fair.



**Displays:** Home and School Convention—1) 3-panel display—Library Service;  
2) 3-panel display—Adult Education;

Canada Packers Health Week—Nutrition display;

Dr. N. R. Rawson—Graph re Vital Statistics;

Nutrition Service—1) three nutrition charts;  
2) good school lunch display;

Dental Service—1) Toothbrush display;  
2) Dental Caries chart.

### NUTRITION

The report of the work and activities of the Nutritionists for the year is hereinafter set out:

#### LECTURES:

1. Two courses in Nutrition and Homemaking were given to two classes of Practical Nurses at the Central School, Winnipeg. The first course began in April and the second course in September.

2. Three courses in Nutrition and Homemaking were given to three classes of Practical Nurses at the St. Boniface School for Practical Nurses. The first course began in January, the second in April, and the third in September.

Each of the above courses included fifteen lectures and ten laboratory classes. Film showings and field trips also were included. All three courses covered a three-month period.

3. One lecture on the School Lunch was given to the Faculty of Education.

4. One lecture on the School Lunch was given to the teachers enrolled at the Gimli Summer School Camp.

#### CONSULTATIVE SERVICE:

1. **Dauphin Local Health Unit**—The Junior Nutritionist was on loan to the Dauphin Local Health Unit from July 11th to August 11th.

Several Well-Baby Clinics were attended where nutritional advice was given to many mothers.

One Girl Guide Camp was attended for four days where help was given to:

- (a) the cook in menu planning, recipes, and food serving;
- (b) the students who requested information about diet and nutrition.

Meetings, film showings, and consultative service to welfare workers, public health nurses, and staff members, completed the rest of the work in Dauphin.

2. Consultant service was given during office visits, by telephone, and by correspondence to the following:

- (a) members of the Public Welfare Division, Public Health Nursing Service, and Tuberculosis Registry as to food budgets, sample menus and recipes;



- (b) teachers and normal school students concerning teaching materials;
- (c) student nurses concerning the work of a nutritionist;
- (d) senior home economics students concerning materials and demonstrations and talks;
- (e) Extension Service workers concerning various visual aids for their leaders' camps and Homemaking School;
- (f) staff directors and members of the staff concerning special nutrition problems;
- (g) dieticians, cooks, and a catering company, concerning adequate diets, recipes and other nutrition material;
- (h) individuals concerning special diets;
- (i) homemakers concerning various nutrition problems.

#### **SCHOOL LUNCH PROGRAM:**

Concentrated work on school lunch programs has been carried on in two schools—Channoinesses de Cinq Plaies, in St. Boniface, and Woodsworth School in Brooklands. Work in both these school has included:

1. An initial survey and talk with the teachers and students;
2. Meetings of parents and other groups to discuss the program and give recommendations and estimates;
3. Materials prepared, such as menus, quantity recipes, equipment and duty lists;
4. Continual visits to the schools.

The publication, "Better School Lunches", has been revised and reprinted.

Requests have been received from teachers and community groups who need help in stimulating and organizing school lunch programs. Pamphlets and desired information have been given on these occasions.

#### **GENERAL NUTRITION EDUCATION:**

**Vitamin D Campaign:** Manitoba co-operated with the nation-wide campaign in giving Vitamin D special emphasis. A complete report of the campaign is included in the report of Health and Welfare Education.

**Press:** 1. A series of articles on the school lunch prepared by the Nutrition Division, Ottawa, were printed monthly in the Manitoba School Journal.

2. An article on the school lunch program was written for the M.F.A.C. newsletter.

3. An article on the quick lunch was published in the January issue of the Bison, official organ of the Manitoba Civil Service Association.

4. An article on "Milk" was prepared, as requested by the Medical Director of the Portage la Prairie Local Health Unit.

**Meetings:** 1. In co-operation with the public health nurses in the Stonewall Local Health Unit:

(a) four talks followed by suitable films were given at Stonewall on the following topics: "Foods for Health"; "Marketing"; "Your Child and His Food"; "Timely Tips on Vegetables".

(b) four talks with suitable films or film-strips were given at St. Laurent on the following topics: "Normal Nutrition"; "Milk"; "Fruits and Vegetables"; and "Meat".

2. One talk with films was given to a Salvation Army group in Dauphin.

3. A discussion and film showing were given to a group of mothers at Ethelbert.

4. Six meetings were held in connection with the School Lunch program. Talks were given, followed by discussion and suitable films.

5. The Dominion Provincial Nutrition Committee meeting in Ottawa in March was attended by the Senior Nutritionist.

6. The Canadian Dietetic Association convention in Winnipeg in June was attended by both the Senior and Junior Nutritionist.

**Folk Schools:** Discussions on Nutrition were held at the M.F.A.C. Folk Schools in Dauphin, MacGregor, Crawford Park, and Altona. Topics of discussion included: "Normal Nutrition", "Milk", and "Vitamins", followed by appropriate films.

### FILMS AND FILM-STRIPS

1. Copies of five film-strips in the Market Basket series were received from the Household Finance Corporation.

2. Two copies of the film-strip, "Loaf of Bread", "The Milk We Drink", the revised version of "Peppo", and single copies of "Vitamin D Fair" and "The Daily D", were received from the Nutrition Division, Ottawa.

3. Number of nutrition film showings ..... 83

Number of films previewed ..... 10

4. In co-operation with a public health nurse at Brandon, an evaluation of the film "Why Won't Tommy Eat" was carried out with a group of young mothers.

### EVALUATION OF MATERIALS

All new materials and revisions produced by the Nutrition Division at Ottawa were sent in the manuscript form for evaluation. At their request the following evaluations were completed:

1. "Meals for Two"—a pamphlet for convalescent patients;

2. A series of Nutrition cards for nurses;

3. The film-strips "Daily D" and "Vitamin D Fair";

4. A brief evaluation on all pamphlets and posters available from Ottawa.



### **PUBLIC RELATIONS WITH OTHER AGENCIES**

1. Dr. L. B. Pett, Chief, Nutrition Division, Ottawa, visited the Department in May. Miss Dorothy Sinclair, Nutrition Division, Ottawa; Miss Grace Richmond, nutritionist from Saskatchewan; Miss Katherine McLaggan, public health nurse from New Brunswick; and Miss Grace Duggan, from the Canadian Dietetics Association, visited the department during the year.

2. A meeting was arranged for Home Economics graduates to meet with Dr. L. B. Pett, Ottawa. An informal discussion on nutrition surveys and other aspects of nutrition was conducted.

The main emphasis during the year in the Nutrition program has been the teaching of practical nurses. This has made it difficult to do work in the rural areas. It is felt, however, that progress has been made in the consultant service to the department, and in the development of school lunch programs.

### **CO-OPERATION WITH OTHER AGENCIES**

The co-operation with other groups and agencies, both national and provincial, is gratifying. Particular reference is made to the following:

The Department of Education;

The Department of Agriculture (Miss Frances McKay);

The Department of Public Works (Mr. Gordon Tye);

Attorney-General's Department (Miss Jessie Macpherson, Portage la Prairie Gaol for Women);

The National Film Board;

Manitoba Pool Elevators.

Manitoba Federation of Agriculture and Co-operation;

The Press;

Radio Stations.

I wish, in conclusion, to acknowledge the excellent co-operation of all divisions within the department, and to you Sir, I express my gratitude for your considered attention to my numerous requests throughout the year.

Respectfully submitted,

MARGARET E. NIX,  
Health and Welfare Education.



# Manitoba Physical Fitness Program

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Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Legislative Buildings,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit to you the Annual Report of the Bureau of Physical Fitness.

Record is made in this report of the work carried out for the year 1949 in the interest of physical education and recreation under The Manitoba Physical Fitness Act.

## General

The functions of this bureau grow out of the purpose of The Physical Fitness Act and can be interpreted in terms of our aims and objectives. These are related to the development of physical education programs in the schools to which we give, by agreement with the Department of Education, approximately half our time; and to the guidance, stimulation, provision of information and evaluation of community recreation programs.

Our bureau does not try to impose programs of recreation and related ideas on the local community. Thus, in keeping with the accepted function of provincial branches such as ours, our role is not to initiate, operate or organize at the local level, programs of fitness or recreation. It is the far more important function, as far as our resources and staff permit it, of making an endeavour to strengthen and assist in the development of community recreation at the local level by helping to train leaders; to provide program aids and information on promotion of program; to give guidance in the erection of facilities and on the use of equipment; and further to suggest ways and means of financing such efforts.

This, your Director and staff has conscientiously tried to do during the year under review.

We have attempted to follow as guides, accepted objectives, both specific and general, in order to effectively carry out our function, and in the field of recreation these are:

- (a) To secure an appreciation of the significance of positive leisure time use by all the people of the Province.
- (b) To secure knowledge and appreciation of a wide variety of skills in physical, social, manual and cultural recreation.
- (c) To develop knowledge and appreciation of many kinds of recreational opportunities.
- (d) To encourage a better relationship of local recreation programs to education and health.

We have, as we have related our function to the specific objectives of physical education, tried to keep before us during the year:

- (a) The provision and development of opportunities for a wide range of vigorous and dynamic activities which will aid in the promotion of normal growth.
- (b) The provision and development of those opportunities which lend themselves to the improvement of socially sound attitudes and habits of wholesome living.
- (c) The provision and development of opportunities in physical education whereby the pupil will gain emotional control and knowledge of an intellectual nature. The teaching opportunities in physical education are manifold.
- (d) The provision and development of those opportunities whereby pupils may choose activities which will widen and extend their satisfaction in the positive use of leisure time in later life.

I should like, therefore, to give in some detail a resume of the specific activities of this bureau during this past year.

#### **Leadership Training and Leadership Promotion**

Emphasis has been given to the need for leadership ever since the inception of this bureau, both in skill and understanding, of both physical education and recreation. There is need continually for leadership training for both volunteer and paid leaders.

This bureau, therefore, during the year 1949, has:

(a) conducted Short Term Refresher Courses in Recreational Leadership in Selkirk, Carman, Clearwater, Roblin Park, Brandon (Women's Institute), Flin Flon, Dauphin, McCreary, Shoal Lake, Glenwood, MacGregor, Souris, Crawford Park, and Winnipeg (four courses in co-operation with other agencies).

(b) continued to give help and guidance to local paid leaders located at Flin Flon, Russell, Neepawa, Souris, Brandon, Minnedosa, Portage la Prairie (summer only), and also to supply information and guidance to the many volunteer leaders in community clubs throughout the Province. Our office is recognized as one of the main sources for help and guidance in this connection.

(c) direction of the Physical Education Course at Gimli during the month of July, 1949. One hundred and seventy-nine women teachers and fifty-two men teachers registered.

(d) (i) directed the Recreational Leadership Work at the First Annual Junior Red Cross at Gimli during the first week in August, 1949. About thirty Junior leaders were in attendance at the special Leadership Courses in co-operation with organization.

(ii) co-operated with the Manitoba Federation of Agriculture in presenting recreational leadership techniques at three of their advanced folk schools.

(iii) co-operated with the Manitoba Physical Education Association (Winnipeg section) in the conduct and planning of a Leadership Course for teachers of the Greater Winnipeg area.



(iv) co-operated with the Recreation Division of the Greater Winnipeg Council of Social Agencies in sponsoring Leadership Courses in Recreation, Camping and Square Dancing.

(e) been related to the special course for Permit Teachers held at the Provincial Normal School in July, 1949. One of our staff was jointly responsible with the Instructress for the Physical Education practical work engaged in by almost six hundred students at the Summer School for Permit Teachers.

(f) given to the Y.M.C.A. Program Group, the All Peoples Mission, the Department of Agriculture Field Courses, the Parent Education Association, and many others, individual lectures on recreational and physical education leadership.

A month's course in Recreational Leadership Training, scheduled for October, 1949, at Brandon, had to be postponed. It was found that the time of year selected was not opportune. We had to have a registration of 40 in order to initiate the course; only 10 were received. Letters and inquiries have indicated to us that if the course were held during the off months, many rural people could attend.

**Meetings with Local Committees Concerned with Recreation:** The members of the staff of this bureau during the year have met with about two hundred local committees or interested people concerned with the development of recreation programs in their communities.

#### **Resource Materials and Program Aids**

One of the methods in which this bureau carries out its function is to provide, upon request and without cost, up-to-date information and program resource material to individual leaders and community groups or schools. There are program aids on many kinds of recreation and physical education activities, besides numerous specific types of information, which are provided for distribution by the National Physical Fitness Bureau. The distribution included:

- 1,894 articles relating to "Physical Recreation and Education";
- 1,150 articles relating to "Social Recreation";
- 300 articles relating to "Cultural Recreation"; and
- 1,100 articles relating to "General Organization and Information".

#### **Community Recreation Centres**

A community recreation centre is commonly thought of as a building specifically designed for some phase of recreation or physical education. We would prefer to regard a community recreation centre as primarily a group of local people concerned about the better use of leisure time in their own community.

It can be seen that there are hundreds of such groups all over the Province, each in a different state of organizational development. We hope in the near future to be able to evaluate these, but as yet no simple means has been found. Our visits with community groups and committees would indicate that these groups are growing rather than diminishing. Last year it was estimated that there were approximately two hundred organized community recreation committees in the Province. These included the forty-odd community clubs located in the Greater Winnipeg area. It could be reasonably accurate to say that now there are at least two hundred organized community recreation committees outside of the Winnipeg area alone.



Our office has been privileged to work with 75% of these during the year. We have been, in this connection, constantly striving to raise the standards and sights of these local groups: That we have been partially successful is indicated by the innumerable requests we have for information, program aids, leadership direction and guidance, and for meetings with these groups.

It is hoped that in the not too distant future representatives of all these groups may be brought together, under our auspices, in order (a) to share their experiences and learn from each other and (b) to add their combined efforts to those of this bureau in the development of a province-wide program of recreation and physical education of the highest standard.

### **Organizations With Whom We Co-operate**

Many private and semi-private community organizations which promote leisure time programs, either on a broad front or in specific kinds of activities, have made use of the services of our office or staff during the year under review. We have been pleased to co-operate with these bodies whenever requested and when it has been within our power to act.

#### **Schools**

A separate detailed report of our work with schools through the Department of Education has been made to the Deputy Minister of that Department. Approximately 150 schools were visited by the members of the staff during the year.

This bureau has dealt with approximately 1,000 inquiries for detailed help in Physical Education Programs. These requests are for help in connection with exhibitions or concerts, rhythmic of different kinds, one-room school programs, equipment needs and for the rules of various team games.

Special mention should be made of the fact that we have developed a plan for an intensive although short period of In-Service Training for teachers of local school districts. We have tried this with success, in two school districts, and we have received requests for it in others.

The Director of this bureau prepares an article each month on some phase of the School Physical Education Program. Satisfactory comment has been made on this informative method to continue including it in the Journal.

Ten lectures on Physical Education Theory were given by the Director to the students of the Provincial Normal School during the year. He also acted in a general supervisory capacity with the Physical Instructress in the development of a classwork program.

#### **General Office**

Our office during the year was moved from the Legislative Buildings to 320 Sherbrook Street. We now have adequate space to conduct our office and it makes a great difference to our efficiency.

Mr. George Nick will complete his work at the University of Toronto for his professional degree. He is a most valuable member of our staff and his increased training will certainly be reflected in the quality of work we can do.

### **National Physical Fitness Council**

Three meetings of the National Physical Fitness Council were held during the year. One of these was a special meeting held at the time of the First Annual Meeting of the Sports Governing Bodies of Canada.



There has been since last year a new appointment made to the post of National Director of Physical Fitness. Mr. Ernest Lee, B.A., formerly Director of Recreation and Physical Education of British Columbia, has received this appointment. This fact has assured development on the national level and augurs well for an early amendment to The National Physical Fitness Act. One of the impending facts to the future advancement of the National Program is the small amount of financial help provided under The National Physical Fitness Act to the provinces. The National Council has been constantly urging that this be changed. The Council has been assured that an effort will be made to amend the present Act and allow for increased financial help to the provinces.

One other significant occurrence during the year was that the Province of Ontario joined with eight others by entering the Program. This leaves only the Province of Quebec outside the family of provinces working with the Federal Government.

Further developments on the National scene in which the National Council played a prominent part were:

- (a) The provision, on recommendation of the N.C.P.F., of \$4,000.00 to be expended on scholarships to qualified applicants in the fields of Physical Education and Recreation. Mr. Frank Kennedy, of the University of Manitoba Physical Education staff, was among the scholarship winners.
- (b) The calling together, for the first time, of representatives of the National Sports Governing Bodies. This meeting was most successful. The results may mean the formation, in the not too distant future, of a National Sports Federation comprising representatives of all Sports Governing Bodies in Canada.

#### Committees

The Director and Staff are asked to serve on numerous committees. These take time and energy but membership on them is one of the methods whereby this office can fulfil its function. The main committees are:

Program Committee of the Winnipeg Y.M.C.A.  
Executive Committee, Manitoba Camping Association.  
Curriculum Committee for Development of Health and Physical Education Programs in Schools.  
Advisory Council, Manitoba Ski Zone.  
Executive Committee, Manitoba Drama League.  
Suburban Schools Athletic League.  
Recreation Committee—Wolseley Home and School Association.  
Executive Committee, Manitoba Physical Education Association.  
Junior Committee, Manitoba Curling Association.

#### Visits to Committees

More than one hundred committees and school districts were visited at least once during the year, plans for the organization of community recreation programs outlined, and guidance given. All of these visits were made on invitation or at the request of local groups or committees. There are fully organized clubs or committees in approximately forty of these communities. This bureau has been able to help them in either their program, their organization problems or in terms of leadership development.

### **Co-operation With Other Departments or Groups**

It has been already indicated in this report what the responsibilities of this bureau are toward the Department of Education.

Guidance or direction was given to at least 50% of the Rural Festival Committees during the past year. We prepared and distributed suggested programs or syllabi in music, choral reading and folk dancing to every committee. These were prepared by experts in the various fields. These festivals can be regarded as major opportunities for creative expression in leisure time activities by hundreds of boys and girls, men and women of the Province. The staff of the bureau adjudicated in folk dancing at five of these festivals.

The bureau co-operated with the Extension Services Division of the Department of Agriculture by acting as recreation consultants and leaders at special courses for Women's Institutes, Boys' and Girls' Farm Club meetings, and at other meetings where agricultural topics were the main course.

The bureau co-operated with the Manitoba Physical Education Association in promotion and conduct of the Annual Basketball Playdowns, Annual High School Track and Field Meet, and with the Manitoba Curling Association concerning the Annual High School Boys' Bonspiel. Grants in aid were made on recommendation to the Minister in the case of the two latter activities.

### **Talks to Organized Groups**

We have, on invitation, spoken on various topics of recreation to service clubs, film councils, church groups, home and school associations, parent education groups, Y.M.C.A. program clubs, and other kindred bodies. These numbered approximately one hundred. We have been happy to do this as a means of publicizing the work of the bureau and also of becoming acquainted with group needs.

### **Radio Talks and Articles**

A monthly article has been prepared by the Director for the Manitoba School Journal on some phase of School Physical Education.

Radio talks were given over local radio stations in three instances.

### **Conventions and Interviews**

The Director attended the Annual Meeting, held in August 1949 in Winnipeg, of the Canadian Parks and Recreation Association.

One hundred and eighty-four individual interviews were held by the Director during office periods. Many interviews were also held by other members of the staff while they have been in town. These interviews have been with individuals who have come to our office as a resource centre—such as teachers, committee people, leaders, salesmen and others.

### **Equipment, Films and Reference Library**

Items of games equipment have been furnished, at cost plus Federal Sales Tax, to schools and community groups throughout the Province. Ninety-one pieces of individual equipment have in this manner been distributed with an approximate total value of about \$700.00.



We have added seventeen new film titles during the year to our list of instructional and promotional films in Physical Education and Recreation. All our films, with the exception of six or seven promotional films, are located with the Visual Education Library of the Department of Education, through which office they are made available to schools, community club groups and others. We now have approximately seventy-five available titles in constant use. It is estimated that the combined totals of attendances at showings of these films would be fifty thousand men and women, boys and girls.

Information and titles in our reference and loan library have been expanded during the year. It is interesting to note that not one request for information on physical education or recreation references during the year has had to be turned down because we didn't have it.

### Conclusion

The present trends indicate, as we look back over the year's work, that the community groups and committees in the province are realizing that physical education and recreation programs have much to offer to complete living. This makes for an increasingly favorable attitude toward the Physical Fitness Program.

These community groups have accepted, in great part, their responsibilities for initiating, organizing and operating their own programs. They also have accepted our guidance and efforts toward increasing the effectiveness of their work. Thus the work has not been an imposition from the top down.

We have striven throughout the year to maintain the work of this bureau at a high professional level because we have felt that our work, when thus conceived and interpreted, has a vital contribution to make to the total health and citizenship of the men and women, boys and girls, in this Province.

It may be emphasized that we still have much to do if we are to reach our objectives. We would respectfully submit, quite humbly, that we have made some progress toward the attainment of these objectives.

Grateful acknowledgment is made to many persons and organizations for help to the staff of this bureau to carry out the policies that have been adopted. We owe a very special debt of gratitude to the members of the Bureau of Health Education for helpful co-operation furnished our bureau in the preparation of mimeographed materials. We owe thanks also to the staff of the National Physical Fitness Division for their unfailing courtesy and help in aiding us carry out our function.

May I express to you, Sir, and through you, to the Minister, the Honourable Ivan Schultz, my personal heartfelt thanks for yours, and his, kindly interest and help.

Respectfully submitted,

HART M. DEVENNEY, M.A.,  
Director of Physical Education and Recreation.



# HEALTH

## 1. ENVIRONMENTAL SANITATION:

Public Health Engineering

Food and Milk Control,

Industrial Hygiene.

## 2. PREVENTIVE MEDICAL SERVICES:

(a) Acute Disease Control:

Venereal Diseases Control,

Tuberculosis Control.

(b) Maternal and Child Hygiene,

(c) Public Health Nursing.

## 3. LABORATORY SERVICES:

Bacteriology,

Research.

## 4. EXTENSION HEALTH SERVICES:

Local Health Services,

Diagnostic Services,

Medical Care,

Hospitalization,

Dental Services.





# Section of Environmental Sanitation

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Dr. M. R. Elliott, D.P.H.,  
Acting Director of Health,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I respectfully submit herewith the report of the Section of Environmental Sanitation for the calendar year of 1949. Details of the year's work are included in the attached reports of the constituent bureaus: Food Control, Public Health Engineering and Industrial Hygiene developed by their respective directors, the report of the Senior Sanitary Inspector and the Chemist—Industrial Hygienist. There only remains, therefore, overall comments regarding the general operation of this section during the year.

**Function:** It is expedient that we periodically review and restate our interpretation of the function of this group insofar as the general Public Health Program of the Division of Health and the Public Health problems of the Manitoba Community are concerned. If growth is to be sound it is equally important that this function be understood and agreed upon by the senior officers of the Division. The central office staff are retained to provide, in the first place, consulting services to Health Agencies and communities upon the several specific technical phases they represent, namely, Public Health Engineering and general sanitation, the Public Health aspects of foods and milk and the medical and chemical aspects of industrial hygiene. Where problems common to several parts of the province are encountered this group is further responsible for recommendations upon consistent policy and upon such regulations under The Public Health Act as may be necessary to ensure same. It is essential that administrative routines be simplified to free these individuals for this function, and wherever it is possible to pass responsibility along to the local level. Since the chosen instrument at the local level insofar as this Section is concerned is the local health unit, such matters as licenses, certificates of approval, permits, etcetera, should, where practical, be handled at that level. Because this province has only partial local health unit coverage at the present time, the transition from centralized to local control is still underway. It is recognized generally and borne out by our experience that the development of full time local health units greatly increases the call for technical assistance as problems long left dormant are undertaken. We have already pointed out that the consumer interest which approved the location of many of our recently developed units exists to a comparable degree in many areas where units do not exist at the present time.

The servicing of all types of engineering sanitation and food and milk problems from outside local health units falls initially to the field staff of the section. Designated as district inspectors these men are located at The Pas, Dauphin, Brandon and Winnipeg. It should be clearly understood that though these men are accessible to members of the local health unit staffs for assistance, they carry no supervisory responsibility to individual units. Likewise their programs are made up wholly of statutory responsibilities and direct requests from individuals for assistance. No attempt is made to indulge in the community approach characteristic of the local health units. All phases of this responsibility have increased dramatically during recent years—witness the plumbing and drainage permits in the report of the Senior Sanitary Inspector: 310 installations during 1946; 992 during 1949. Only 50% of the latter originated in the local health unit areas.



The consultative, administrative and field activities of this section are so heavy at the present time that the ability of all concerned to draft and carry out a tidy program has been severely handicapped. This is commented upon in each of the attached reports.

**Personnel:** No changes were experienced during 1949. We continued to operate with four less than our outlined establishment (one Assistant Veterinarian and three Junior Sanitary Inspectors). Federal projects were approved during the year to provide the services of one Veterinarian and one Junior grade Sanitary Inspector. It is logical that the local health units should look to this office for replacement sanitary inspectors conversant with Manitoba practice and regulations. If this practice is to continue, however, arrangements will have to be made for the maintenance of a supply of men.

The group whose activities are outlined in these 1949 reports was made up as follows:

1 Public Health Engineer	1 Physician
1 Public Health Veterinarian	5 Experienced Sanitary Inspectors
1 Chemist—Industrial Hygienist	1 Laboratory Assistant
4 Stenographers	

**Administration:** This group is acutely aware of the place of the regulations under The Public Health Act. About 150 pages of these regulations deal with various phases of environmental sanitation. The gradual transfer of responsibility from the central to the local level plus the increased activity on the part of local health unit sanitary inspectors have revealed areas where the basic implications of existing regulations have been completed and now await the discussion of detail with senior officers. The plumbing and drainage section has been critically reviewed and redrafted to bring it in line with current municipal and trade practice and has recently been presented to the Department.

It has been apparent for some time that wide variation is already developing in the programs of the sanitary inspectors in individual local health units. Absolute standardization of course should be avoided. It is important however, that some degree of uniformity, particularly of attitude, emphasis, and records, should be evolved. To this end arrangements have been completed with the Bureau of Local Health Services whereby on its behalf the Senior Sanitary Inspector will undertake a thorough study of the sanitation program in each of the local health units. This work will commence early in the new year.

This group throughout the year has worked with many other offices of Government and is jealous of the harmonious relationships which have been maintained—to list a few, Mines Branch, Lands Branch, Municipal Commission, Government Liquor Control Commission, Department of Education, Milk Board, Dairy Board, Department of Labor, Legislative Buildings Superintendent, Tourist Bureau, Bureau of Industry and Commerce, Agricultural Engineering, Weed Control, Department of Public Works, Game and Fish, etcetera. Several instances of outstanding successful liason could be recorded.

HUGH MALCOLMSON,

Director, Environmental Sanitation.



# Bureau of Public Health Engineering

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Dr. Hugh Malcolmson, D.P.H.,  
Director, Section of Environmental Sanitation,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

The planned routine of the Bureau of Public Health Engineering during the calendar year 1949, was subject to some modification, due to the general expansion of rural hospital facilities. The consultative services of the bureau in this and other fields were very much in demand. The time interval for research was quite limited. This situation is unfortunate since the day-to-day problems submitted by the public usually require considerable investigation before any practical solutions may be found. The formation of the Association known as the "Western Canada Conference on Water and Sewage" was an important step in the municipal field, towards better understanding of the problems peculiar to the prairie provinces. Interest is still high in undertakings for the establishment of water and sewerage systems in the smaller municipalities. Unfortunately, the economic factor of high capital costs has, so far, proved an insurmountable barrier. It is understood that the Greater Winnipeg Sanitary District is proceeding with plans for the expansion of the existing sewage treatment works now serving Winnipeg and suburban areas. It is hoped that this will be the first of several large undertakings eventually required for the amelioration of nuisance conditions and the protection of the aesthetic properties of the Red and Assiniboine Rivers.

Two basic research projects were initiated under the Federal Grants scheme; one on the physical characteristics of septic tank sewage disposal, and the other concerning the environmental factors of rural schools. A comprehensive card file on the results of all bacteriological examinations of both public and private water supplies is being maintained. The presence of excessive "nitrates" content in domestic water supplies has been the subject of some preliminary investigation. Preliminary studies in conjunction with the dental branch of the department, are being made with the possibility of introducing fluorine into one portion of one municipal water supply as an aid in the prevention of dental caries. Various industries requested assistance; in some cases, concerning the specialized treatment of water supplies, in others, in regard to the treatment of industrial wastes. Much of the field work as in previous years, was carried out through the co-operation of district and local health unit inspectors.

The report in detail follows:

**Hospital Services:** The expansion of the rural hospital construction program brought in its wake many problems concerning water supply and treatment and sewage disposal. A general conclusion may be drawn to the effect that in almost every case, insufficient detailed planning has been carried out in regard to the source and the quality of the water supply, and concerning the most effective method of sewage treatment and disposal.

It is suggested that, along with the requirement for architectural plans and specifications, there should be included a full and detailed report, accompanied by the necessary drawings and specifications, on the proposed water supply and method of sewage disposal.



**Local Research:** Many of the everyday problems which are submitted to the bureau for consideration require investigation, and, possibly, a laboratory trial before a practical solution may be reached. What work is accomplished is only carried out through the co-operation of the chemist in charge of the Industrial Hygiene Laboratory.

**Municipal Undertakings:** A number of municipalities following the ending of World War II, retained engineers to "blueprint" projected waterworks and sewerage systems. The majority of these communities are still very interested in securing the advantages inherent with the establishment of such public utilities. The fact in most cases, that the average capital cost per capita would run around \$200.00 precludes the carrying out of the project.

The first annual meeting in September, 1949, of the Western Canada Conference on Water and Sewage was held in Regina, Saskatchewan. Approximately 140 delegates registered, and attended an interesting program on varied topics, including water supply, waste disposal and general sanitation. The next meeting of this organization will likely be held in September, 1950, in Calgary. The object of the undertaking is to secure and hold the interest of all plant operators, inspectors, governmental officials, and manufacturers' agents in the general betterment of public service facilities.

**Stream Pollution:** The Provincial Sanitary Control Commission has been endeavoring for some years now, to restrict the amount of pollution entering the Red and Assiniboine Rivers. One step in this control procedure is to have the sewage treatment plant of the Greater Winnipeg Sanitary District enlarged. Plans in this regard are now being formulated on a definite basis, and it is understood that the district is securing the services of prominent consulting engineers from Chicago for this purpose.

The St. Vital Local Health Unit is continuing the study of the bacteriological quality of the Red River in that area. The findings will be available in the unit annual report.

#### **Federal Grants—Research Projects**

Two Fourth Year Civil Engineering students of the University of Manitoba undertook during the summer months of 1949 basic research in regard to:

- (a) the physical characteristics of septic tank installations, and
- (b) the environmental factors of rural schools.

**Septic Tank Installation:** A great many rural homes in this province have or will have plumbing installations. The resultant problem of sewage treatment and disposal is generally met by the installation of a septic tank with a shallow tile disposal field. Due to severe climatic conditions, it has been found that possibly one or two in every ten installations of this type have been unsatisfactory. The first research project was undertaken with a view to ascertaining the limiting physical factors affecting the satisfactory operation of septic tank disposal systems. The work has progressed and is still being carried on, with temperature readings being taken throughout the winter on various parts of the system. A continuous recording thermometer in one instance has been installed to chart the variations in temperature of the liquid in the septic tank. Thermocouples have been placed alongside the buried tile in the disposal field, from which temperature readings are taken periodically.



It is hoped by such work as described above, that the limiting factors of septic tank operation will be ascertained, and the reasons for failure, such as caused by frost action, may be clarified.

**Environmental Factors—Rural Schools.** The second research project entails a study of those environmental features which are essential to the well-being and aptitude of school pupils and their instructors. It is not always possible, in the rural parts of the province, to have so-called modern buildings with full and complete service facilities. However, many of the structural and environmental defects could be corrected or brought to reasonable standards with a careful survey and the provision of practical, reasonable curative measures.

A typical cross-section of Manitoba's rural schools, comprising some twenty-five units, have been subject to inspection and survey in the first part of this undertaking. Subsequently, detailed studies of one phase of the environment—in this case, heating—is being carried on in several schools throughout the winter months. Temperature readings are being made in an effort to set up a so-called "comfort zone" of temperature range.

The implications of this study are far-reaching, and it is expected that the work carried out in 1949 will be only a beginning towards a ready solution of the very real and practical problems in our rural schools.

**Potable Water Supplies:** The results of all bacteriological examinations carried out at the Provincial Laboratory in Winnipeg, and at the Laboratory in the Hospital for Mental Diseases in Brandon, are carefully tabulated in a card system, and are available for ready reference at all times. Should there be any spasmodic or intermittent contamination of a public water supply in the course of this tabulation, it is brought to light in the course of compiling these card records. The overall picture of the safety of any water supply is apparent, similarly, by a glance at the pertinent card.

The question of excessive "nitrates" content in potable water supplies is the cause of some apprehension, due to the possible effect, when ingested, on very young infants. The chemist in charge of the Industrial Hygiene Laboratory has been supervising a recent project on this subject, with the idea of developing a spot test for the ready indication of this undesirable chemical characteristic. Through the co-operation of the Provincial Laboratory, all waters sent for bacteriological analysis are now spot-checked for nitrates content.

It has been demonstrated in the field of dental studies, that the presence of a certain amount of fluorine in a potable water supply may be an asset in the prevention of dental caries. Too much of the element may have an undesirable effect and cause mottling of the enamel of the teeth. Several municipalities in Canada, and more in the United States, have started on long-term projects of adding fluorine to the municipal water supplies. A noteworthy example in this regard is Brantford, Ontario. One municipality at present in this province is considering having the dental branch of the department supervise and control the installation of equipment for the addition of fluorine to the public water supply.

**Industrial Problems:** Queries from industries included some in regard to water treatment as usual, and others concerning the disposal of potent wastes. Very little time was available in the current year for the intensive investigation and study of these problems. However, one example might be worth citing:

A beverage plant which had secured its water supply from a municipal source, found it was having difficulties with the keeping qualities of the bottled product. Some type of organic growth was taking place in the beverage after standing for a few days. It was decided, after preliminary investigation, that a possible source of the trouble could be an algael growth being passed through the plant in spore form. The treatment of the municipal source was limited to chlorination, and it was felt reasonable to assume that spores could undergo this treatment without being affected.

A layout for a plant-size specialized water treatment unit was drawn up, the flow-sheet including five hours' retention for sedimentation, assisted coagulation, superchlorination, and dechlorination by the use of activated carbon filters.

The operator of the plant installed a system, as recommended, and reported quite satisfactory results.

**Lectures:** The Engineer was asked to give several short series of lectures on water supply and sewage treatment. It is felt that this aspect of the work is quite important and lends itself to the dispensing of authentic information to a very important group of young people; more especially, University students.

**Administration:** The very whole-hearted co-operation of the district sanitary inspectors was found to be of great assistance in covering the essential work program of the bureau. The local health unit inspectors, likewise, contributed to the overall coverage of the province in a substantial manner. It is not possible at present to make systematic and periodic inspections of the various treatment plants and waste disposal systems throughout the province.

### Appreciation

It is a pleasure to acknowledge the kind co-operation of those in charge of the Bacteriological Laboratories, the Industrial Hygiene Laboratory, and the various Directors of the Department of Health and Public Welfare.

All of which is respectfully submitted.

L. A. KAY,  
Director, Bureau of Public Health Engineering.



# Bureau of Food Control

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Dr. Hugh Malcolmson, D.P.H.,  
Director, Section of Environmental Sanitation,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

This report covers in a very brief and general way the activities of the bureau for the calendar year of 1949, with special reference to some of the more interesting highlights. The heavy program carried by the bureau has been made possible by the excellent co-operation received from the Senior Sanitary Inspector and the field staff of sanitary inspectors.

The program has been far short of that planned for the year 1949. The demand for services was beyond that which could be met entirely by the present staff of the bureau. It has been impossible to date to obtain the qualified personnel to fill the available positions.

A Dominion Research Grant was received for a project designed to study Milk Processing Methods. The object of this research, to be carried out in co-operation with the Dairy Science Department of the University of Manitoba, is to develop from authoritative research a standard method for milk processing acceptable to public health standards of safety to the consumer, and commercial practices. The services of an appropriately trained university graduate, Mr. K. G. Savage, were retained and the project commenced on August 12. It is estimated that at least two years will be required to complete this project.

A new society, The Manitoba Food Technology Association, was organized in the latter part of the year. This organization brings together all people in Manitoba who, through their training and employment, may be called food technologists. The benefits of such an organization are numerous; already it has proven to be of considerable assistance to the bureau in its consultative work. The Manitoba association, the third of its kind to be developed in Canada, has a membership of approximately thirty-six to date, and a program outlining monthly meetings for the presentation of papers and discussions on current technical topics. The Bureau of Food Control Director was elected the first president of the Manitoba association.

## **Public Eating Places**

Restaurant sanitation is a matter of considerable importance to all health agencies and the public alike. Many people in an area judge the calibre of a health agency's activities by the condition of the eating establishments under its supervision. The field staff, conscious of its restaurant inspection responsibilities, makes every effort to attend to requests for advice and to complaints of unsatisfactory conditions, but the volume of other work prevents a program of routine restaurant inspection. Thus, while some restaurants are inspected two or three times a year, others are rarely if ever visited. The issuance in many areas of a local or business license is made without reference to the approval, or otherwise, of the Medical Officer of Health, which complicates this situation.



This has been another year of considerable activity in regard to construction and re-construction of eating establishments. The bureau has assisted many restaurateurs in the preparations of their plans and choice of new equipment. Field reports indicate that the education approach in seeking better restaurant sanitation is proving to be successful and a large measure of this success is due to the use of the Jamieson Kit. One or two special items, in addition to the advice regarding better restaurant practice, are emphasized each year. This year the attention of the restaurant operator was drawn to the necessity of providing covered storage for all food, and the replacement of easily contaminated, dirt and dust-catching, open sugar bowls. Efforts during the coming year will be directed toward better milk dispensing and the use of singly-dispensed or wrapped drinking straws.

Field reports and experiences again have indicated the need for a restaurant code or a list of minimum requirements. Considerable benefit would be derived from the consolidation of the various sections of The Public Health Regulations of direct concern to restaurants under a special "restaurant" division. These sections at present are scattered throughout other divisions of the Regulations, causing confusion to the field staff and providing little or no guidance to the restaurant trade. The production of a much needed authoritative pamphlet outlining sanitary restaurant operation was begun, but pressure of other work prevented completion of this report.

**Food Handlers' Course:** The lack of technically trained assistance again has prevented the bureau from providing the local health units with the service of a Food Handlers' School; the only exception was the fourth annual course held in the Portage la Prairie Local Health Unit where a course has been held each year since the service was developed. A series of eight illustrated four-paged bulletins dealing with various phases of proper food handling was designed and four of these were prepared and published through the co-operation of the Bureau of Health and Welfare Education.

**Hotels:** The beverage room of many hotels has received more direct attention, with the result that glass washing has been improved. Most beverage parlors now have at least a three-compartment sink as washing facilities which, with the use of appropriate detergents and sanitizing chemicals, is a vast improvement over the single sink of cold water formerly used. Some operators have installed mechanical glass washing machines. A number of these machines and others appearing on the market have been closely examined by the bureau and found to be not completely satisfactory, in that they produce a glass which is clean visibly but not free of bacteria. This represents a problem often met by the bureau; the manufacture and sale of food handling equipment which cannot be approved by a health department because of faulty design. An agency with dominion-wide authority to issue an official stamp of approval for food handling equipment would be of immeasurable value to all concerned.

**Temporary Food Concessions:** The bureau in 1948 began a project, in co-operation with the health departments of Saskatchewan and Alberta and the executive of the fair and exhibition circuits, to draft proposed legislation outlining a minimum standard for the facilities and operation of itinerant eating establishments. The volume of statutory responsibilities during the past year has prevented any major progress towards the completion of this project.

### **Milk Supplies**

The milk supplies of the province have improved in that their volume has increased, thereby overcoming some of the problems caused by the shortage that existed during the previous year. The small producer-vendors, handling from one



hundred to two hundred units per day as a side line to other farming activities, are gradually disappearing and being replaced by milk vendors with sufficient volume to maintain proper milk handling facilities. The latter are equipped to provide a better quality milk, and can be supervised by the health authorities with greater ease. However, there are still many milk supplies which receive little or no supervision. Most of these are located in non-local health unit areas.

**Pasteurization Plants:** The total number of pasteurization plants in the province has increased from thirty-two in 1948 to thirty-five. This change was brought about by the closing of one plant at Dauphin and the construction of four new plants at Rivers, Gimli, and the provincial institutions at Portage la Prairie and Headingly. Plants are now located as follows:

Brandon .....	2	Selkirk .....	1
Dauphin .....	1	Souris .....	1
Killarney .....	1	Steinbach .....	1
Flin Flon .....	1	Swan River .....	1
Gimli .....	1	The Pas .....	1
Minnedosa .....	1	University of Manitoba .....	1
Morris .....	1	Greater Winnipeg .....	11
Neepawa .....	1	Provincial Institutions .....	5
Portage la Prairie .....	2		—
Rivers .....	1	Total .....	35
St. George .....	1		

Many of the existing plants, in addition to the four new plants listed above, have undergone extensive alterations, and one plant located in Winnipeg has been replaced by a completely new plant. The bureau becomes intimately involved in the planning of all new plants and the alterations to existing plants; considerable time has been devoted to this work. The bureau for the second year was unable to complete the work necessary for the issuance of the annual Certificate of Approval to each pasteurization plant. This work is of prime importance to the maintenance of a province-wide standard and is urgently desired by both the local health authorities and the plants themselves.

The construction of the new plants and a furtherance of the Pasteurization Centre Plan has made pasteurized milk available to many more consumers in the province. Pasteurized milk, with the exception of a few isolated areas, where planning has already begun, is obtainable in every city, town and village in Manitoba. The advent of a supply of pasteurized milk to a centre is frequently accompanied by a local by-law permitting the sale of pasteurized milk only. Such a by-law has been passed in St. Boniface, leaving Winnipeg the only city in Manitoba without legislation of this type.

**Milk Samples:** The program of milk supervision includes the gathering of milk samples weekly for laboratory analyses. Raw milk produced for pasteurization purposes is analysed, whenever possible in field laboratories of the local health units. The balance of the samples and all pasteurized samples are forwarded to one of the Bacteriological Laboratories—the City of Winnipeg Laboratory, the Laboratory of the Brandon Hospital for Mental Diseases, or the Provincial Laboratory, Winnipeg. The number of samples analysed during the year in the three major laboratories, just under 22,000, increased approximately 35% over the total for 1948. Two meetings of the various laboratory personnel were held to formulate a standard for laboratory equipment and testing techniques used for milk analyses, and already many of the methods have been standardized. The co-operation and understanding in this and in other matters received by the bureau has been most excellent.



A review of the laboratory reports revealed a slight overall improvement in the quality of pasteurized milk. The chief factor having an adverse effect on the quality of pasteurized milk is the relatively poor quality of raw milk used for its manufacture. It seems reasonable, especially now that supplies of milk are becoming more plentiful, that a method of payment to the producer based on the keeping quality of the milk, in addition to the butterfat content, would soon effect an improvement in the quality of raw milk. The field inspectors too often when making recommendations to the milk producers regarding improved milk handling facilities, meet with resistance and are reminded that first class milk brings no more return than second or third class, and the cost of producing first class milk is higher.

A number of interesting changes relative to milk distribution have taken place during the year. The milk distributing plants in the Greater Winnipeg area changed about the beginning of December from a seven-day to a six-day delivery; most of the distributors throughout the balance of the province have been operating on the six-day delivery system for a number of months. Plastic tokens are beginning to replace paper milk tickets, and the use of the square milk bottle is growing in popularity. The appearance of the square glass bottle in other milk sheds throughout North America has been the forerunner to paper containers. One plant in Winnipeg is now using a more suitable milk bottle cap; the type which covers the pouring lip in addition to capping the bottle. This type of cap, or hood which protects the top and neck of the bottle, should be used by all milk vendors.

**Other Milk Products:** Visits, upon receipt of requests from the operators, were made to a number of butter, cheese and ice cream manufacturing plants for the purpose of assisting with sanitation problems. The need for a sanitary code for these plants was quite evident.

**Milk-Borne Diseases:** The number of cases of Brucellosis or Undulant Fever has shown a considerable increase this year; the Bureau of Disease Control reports 27 cases and 1 death. The cause of most of these cases was believed to be the consumption of milk in the raw state. The increase in the incidence of Brucellosis does not appear to be in keeping with the increased availability of pasteurized milk, but investigations have shown that a large percentage of the cases result from the consumption of milk obtained from cows on the farm at which the patient resides. Thus the prevention of human Brucellosis must entail the elimination of this disease in the milk producing animals. Proof that Brucellosis is fairly prevalent in Manitoba cattle is indicated by the results that, of approximately 23,000 samples of bovine blood sera submitted to the Veterinary Laboratory at the University of Manitoba for agglutination tests, a little over 14 percent were positive. It is suggested again that better control of bovine Brucellosis would result from mandatory branding of all animals reacting to an official test.

Bovine tuberculosis, while not the public health problem it was a decade or two ago, is today a matter of considerable importance, particularly in areas where home produced and other raw milk supplies are used. The tuberculin testing of animals in new areas, which came under the supervision of the Health of Animals Branch of the Dominion Department of Agriculture, revealed a relatively high incidence of this disease. The branch reports that the municipalities of Franklin, Odanah, Rockwood, Rossburn, and Silver Creek have now come under the tested area plan of the Dominion Department. The testing of cattle in the municipality of Minto for the inclusion of this area under the plan was begun. Consideration should be given to facilitating the whole province becoming a tested area, as at least two-thirds of the cattle owners in the province have indicated their desire for the restricted area plan supervision. It appears that this is the only way by which unorganized areas can receive the benefit of this control program for the elimination of bovine tuberculosis.



Slaughterhouses

A function of the bureau, which is rather time-consuming, especially during the early part of the year, is the issuance of licenses to slaughtering establishments. Licenses issued:

	1949	1948	1947
Slaughterhouses .....	95	102	108
Beef Rings .....	44	46	54
Abattoirs .....	10	9	8
Rendering Plants .....	1	1	1
Interim Permits .....	1	3	3
	<hr/>	<hr/>	<hr/>
Total .....	151	161	174

The number of small rural slaughterhouses supplying beef rings and retail butcher shops has been decreasing during the last few years. More frequent field inspections have caused the inefficient, insanitary places to be rebuilt or cease operation. Better planning and construction of slaughtering premises, together with the advice and supervision from the field staff, have gradually raised the general level of sanitation in country slaughterhouses. It appears that the construction of the many frozen food locker plants, with their many services in meat processing including slaughtering, was the reason for the gradual disappearance of beef rings.

The closing of the large abattoirs by an industrial strike in 1947 forced the bureau to provide a service of anti and postmortem examination of meat animals during slaughter. These examinations took place in the country slaughterhouses and were carried out by the veterinary practitioners in the area. A demand resulting from this experience has grown for the examination of slaughtered animals in other than the large abattoirs. Two slaughterhouse operators located at Portage la Prairie and Transcona, made arrangements during the year with qualified and approved veterinarians to supervise and examine their slaughtering in order that the meat produced might bear the official stamp of approval provided by this department. It should be possible by this scheme to have all meat offered for sale in Manitoba properly examined and stamped at the time of slaughter. Other areas in the province have demonstrated their interest in this project.

Some progress was made in the preparation of an authoritative and illustrated bulletin dealing with modern and efficient plans and practices for slaughterhouses. The lack of properly trained help was the reason this project was not completed.

Frozen Food Locker Plants

The permits issued during 1949 were 79, being an increase over the previous year of five. The plans and specifications of each of the new plants were received, carefully perused and officially approved. Similar work was carried out on plans and specifications for the alterations of eleven existing plants and for nine plants the construction of which has not as yet begun. It should be pointed out that for each plan approved, often three or four different sets of plans and specifications are analysed before agreement between the owner's plans and the requirements of the Regulations can be reached.

Legislation under the supervision of the Manitoba Department of Labor placed on that department a responsibility for the approval of plans and specifications and the inspection of locker plants which, to some extent, was a duplication of work already carried out by this bureau. A series of meetings between representatives of the Locker Operators' Association, the Department of Labor and the bureau were



held following the receipt of many protests of this duplication from the locker plant operators. A method of carrying out the approval of plans and the initial inspection of plants was developed to the satisfaction of all concerned as a result of these meetings. Problems regarding the storage of game in locker plants were clarified and solved through a similar co-operation with the Game and Fisheries Branch of the Department of Mines and Natural Resources.

A survey of the bureau's file of the locker plants revealed that of the 79 plants now in operation in Manitoba only 9 are located in cities. The balance are scattered throughout the province and with the exception of the far north area of The Pas and Flin Flon and the southeast corner of the province, every centre with a population of one hundred or over has the services of a locker plant within at least 20 miles. A further observation of the 79 locker plant files showed that 3 are operated in conjunction with creameries, 34 in conjunction with retail butcher shops, 21 as part of other business and only 21 are operated exclusively as locker plants. Ten plants are owned and operated by co-operatives. The number of lockers ranged from a minimum of 210 to a maximum of 1,115, with an average of 318; these plants provide processing and food storage services to approximately twenty-five thousand families throughout the province.

The growth of locker plants from 14 in 1945 to 79 in 1949 has been a very rapid expansion for an industry of this type. While most areas now have a locker plant within a reasonable distance there are indications that up to a dozen new plants will be built during the coming year. Some at least of these new plants, unlike others built to date, will be erected in an area already served by a locker plant, placing an even greater responsibility on those charged with supervising sanitation and proper operation of these plants. The increasing number of locker plants has so overloaded the work of the bureau that it is incapable of meeting its responsibility with the present staff.

The Locker Plant Administrator presented two addresses to the annual convention of the locker plant operators and addressed many public meetings held throughout the province and attended by people interested in furthering their knowledge of the preparation, storage and the use of frozen foods. Many requests were received from locker plant patrons for an authoritative bulletin on frozen food storage. A bulletin containing information relative to the conditions in Manitoba does not exist. However, through the generous co-operation of the Extension Branch of the Department of Agriculture and the Dominion Experimental Station at Morden, material has been gathered for a bulletin and it is expected that all this will be assembled and published in the early part of the new year.

**Frozen Food Locker Plant Advisory Board:** One meeting of this board only was held during the year, for the pressure of other duties rather than a lack of work for the board prevented other meetings being held. The Frozen Food Advisory Committee organized by the board held a number of luncheon meetings during which current topics of interest to the frozen food industry were discussed.

### **Bottling Plants**

The section of the Regulations under The Public Health Act dealing with bottling plants was completely revised. The bureau received valuable assistance during the drafting stage of this new legislation and most excellent co-operation from the City of Winnipeg Health Department, the executive of the Manitoba Bottlers of Carbonated Beverages, and the Canadian Bottlers' Association. The new code outlines minimum requirements integrated with modern practice, and, through the issuance of a departmental permit, assures a province-wide standard for bottling plants.



The bureau has begun the work of recording the equipment and operation of each plant and organizing its facilities in order that these new permits can be issued with the minimum of delay. The construction of a new plant at Selkirk began and a number of existing plants were extensively altered and improved. The Director of the Bureau of Food Control addressed the annual meeting of the Manitoba Bottlers of Carbonated Beverages.

#### General

In addition to the foregoing the bureau fulfilled a multitude of duties and responsibilities in connection with a wide variety of fields related to food control. One of the small yet interesting projects was an endeavour to develop an x-ray or fluoroscopic technique for the detection of the parasitic cysts in fish. Many of the fish originating in and offered for sale in Manitoba are infested with cysts of the tape worm *Triaenophorus crassus*. A method of demonstrating cysts in whole fish was developed in co-operation with the Senior X-ray Technician of this department located at Portage la Prairie, and, within the limitations of the equipment available. Further work will be necessary before this method can be perfected to a point where it has practical application.

The program for the production of authoritative and educational literature had to be abandoned with the exception of the four pamphlets produced for the Food Handlers' Course. The bureau undertook its share of lectures, demonstrations and field trips for the department's class of sanitary inspectors. The usual lectures were prepared and presented to classes of the faculties of Agriculture, Education, and Medicine. Talks were presented to public gatherings, municipal councils and a number of conventions.

Appreciation is expressed to all branches and members of the department whose generous co-operation and assistance make our work both pleasant and possible.

Respectfully submitted,

E. C. CHAMBERLAYNE,  
Director of Food Control.

# Sanitary Inspectors

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Dr. Hugh Malcolmson, D.P.H.,  
Director, Section of Environmental Sanitation,  
Department of Health of Public Welfare,  
Winnipeg, Manitoba.

Sir:

Submitted herewith is the report of the activities of the Senior Sanitary Inspector and the four district sanitary inspectors who are located at The Pas, Dauphin, Brandon, and Winnipeg.

We have to record a large backlog of work that we were unable to attend to because of the greatly increased activity in the construction trades. Farm homes are becoming modernized; food establishments are being reconstructed and new buildings are being built, with more money in circulation and materials in good supply. There were no inspections of lumber camps; few visits to industrial camps; the usual inspection of tourist camps in the Whiteshell area had to be abandoned; very few schools were inspected, and some complaints of insanitary conditions had to be dealt with by correspondence, with the exception of Northern Manitoba.

The Brandon district is experiencing a building boom. We are advised that over 400 new homes will be constructed at Rivers and Shilo during 1950. It is increasingly difficult in view of this extra work for the existing staff to keep abreast of all their commitments.

The Annual Conference of Sanitary Inspectors was held in March and it was notable for the active participation in the program by the field staff. Each local health unit inspector submitted one or more problems arising out of the work of the previous year. Thirty-four subjects covering milk, food, waste disposal, pest control, smoke nuisance, water supplies, administration and enforcement of regulations were brought up for discussion.

The value of the conference cannot be over-estimated. The meeting provides, in addition to the talks given by representatives of other government agencies and technical information disseminated, an opportunity for the field staff to discuss their local program with each other.

**Central Office:** The training of a class of student sanitary inspectors occupied the time of the Senior Inspector for the best part of the year. There were eight students in the class and the course of training required full-time attendance at Central Office from October, 1948, to August 15, 1949.

None of the students had previous contact with the field of public health or public service. The course of training accordingly included instruction on the composition of air, elementary bacteriology, treatment of sewage, water supplies, classification, preservation, use and handling of food and milk, construction of buildings, plumbing, heating and ventilation, the nature and control of communicable diseases, vital statistics, control of insects and rodents, infection and disinfection, and Federal and Provincial Public Health law and public relations.

Every member of the staff in this section actively took part in training the class. Over 200 lectures and demonstrations were given and field training then was undertaken by the sanitary inspectors of this section and in the local health units.



It is a source of satisfaction to record that all students passed the examinations set by the Canadian Public Health Association. Seven of the students have been appointed as sanitary inspectors, Grade I, and are giving satisfactory service.

**Pest Control:** Requests for information on the control of household pests indicate an increasing respect for the effectiveness of the insecticides available to the public. Some communities have organized mosquito control campaigns and others have emphasized control of flies.

A variety of insects have been received with requests for identification and methods of control. The insects are usually quite common and this year they included: larder beetles, corn borer, grain weevils, sow bugs, a variety of ticks, silverfish, stink beetles, bean weevil, Indian meal moths, confused flour beetles, pharoah's ants and carpet beetles.

Rat extermination campaigns were carried out at the waste disposal grounds in St. Boniface, Portage la Prairie, Melita and Brandon. The sanitary inspector of the local health unit in each case supervised the operation with very good results.

It would appear, judging from requests for assistance and advice, that the rat population is increasing at a rapid rate in southern Manitoba. An educational program directed towards the smaller towns, the adoption of trench-and-fill methods of waste disposal and the enforcement of sound local sanitation by-laws, are needed to check the increased rat population.

The adoption of reasonable pest control regulations is urged. Pest control operators should be required to notify the local health department when they are working in a food handling establishment and to inform the Medical Officer of Health if they are using insecticides that are toxic to warm-blooded animals.

Provincial permits to use hydrocyanic acid gas were issued to three pest control operators during 1949. Seventeen premises were fumigated and it is likely that there will be less in 1950.

**Hospitals:** The hospitals under construction were located in places that did not have sewerage systems and thus presented unique problems in regard to water supply and the safe disposal of sewage. There are more plumbing fixtures in hospitals than other buildings, consequently inspection responsibilities have been heavy. Hospitals were under construction in the Dauphin district, at Birch River, Swan River, Benito, McCreary, Roblin and Gilbert Plains, and because of the character of the soils in that district, very careful selection of sites was necessary. Disposal of sewage by shallow field methods was not possible in parts of the Winnipeg district, and at Whitemouth, Morris and St. Pierre, disposal systems were specially designed to suit the locality.

Repeated visits by the field staff were necessary to ensure that specifications were followed and no health hazard created due to faulty installations. We anticipated that the safe disposal of sewage from premises using 1,000 to 2,000 gallons of water per day and located in towns having no sewerage systems would present difficult problems. Subsurface disposal fields rapidly become saturated and unable to absorb effectively the sewage. Collection tanks have been constructed in some instances, and the effluent from the septic tank pumped out and hauled away to be disposed of in a safe location. It is a source of satisfaction to note that the recommendations made by the field staff in the main have been followed, found to be sound advice, and as a result the systems have been installed satisfactorily.



**Plumbing and Drainage:** Emphasis was placed in earlier years when typhoid fever was more prevalent, on the correction of insanitary disposal of human wastes. Our staff were kept busy checking poorly constructed shallow wells and dilapidated privies in localities without sewerage systems. Householders were urged to install private sewer and water systems when possible. We feel that this pioneering work brought results with less water-borne infections. Between 1930 and 1944 this bureau dealt with an average of fifty installations each year. The installation of plumbing and septic tanks has shown extraordinary increases in recent years, as shown in the following table:

TABLE I.

**PLUMBING AND DRAINAGE PERMITS**

	Number issued	Estimated cost
1944	89	\$ 106,800
1945	394	472,800
1946	310	373,000
1947	593	711,600
1948	582	760,500
1949	992	1,200,000

It is very evident that this entails more work for the sanitary inspectors. It has not always been possible to give the public the same prompt service of other years, but before the end of the year nearly all plumbing systems had been tested and the sewage disposal systems inspected.

The success of the shallow disposal field and concrete septic tank has been remarkable. It is recognized that we have, in Manitoba, some soils having very low absorbency, in many instances stiff clay or "gumbo"; nevertheless the sewage from domestic establishments has been satisfactorily disposed of in trenches 2 feet 6 inches deep. Nearly 2,500 septic tanks in the past four years have been put into use and we have received less than twenty complains of flooding or similar stoppages. We can anticipate that these systems will require more attention after they have been in service a few years and some research should be undertaken to meet the problems that will arise.

This work will continue to absorb most of the time of the sanitary inspectors. Constant vigilance is necessary to ensure there are no cross-connections in the water systems and that human waste is safely disposed of.

There has been a corresponding activity in towns having water and sewerage systems to that of modernization of rural homes. All towns report an increase in plumbing installations and the removal of outdoor privies. The sanitary inspectors of the local health units supervise and inspect such installations in most towns and in every instance where a septic tank is constructed. The unit inspectors also inspected approximately 50 percent of the installations for which a permit was issued through this office.

**Milk and Food Establishments:** More towns and villages are using pasteurized milk; this is especially true in the Brandon district. A new pasteurization plant came into operation during the year and local compulsory pasteurization by-laws are now in effect. Because of the large volume of other work in the Brandon area, adequate supervision of this new plant and of its milk distribution was not possible.



The district sanitary inspector in The Pas district has been able to devote a considerable amount of his time to the supervision of two pasteurization plants and a large number of raw milk distributors. The need for this service has been amply demonstrated by the occasional sample which showed low butterfat content, high plate count, and in one instance evidence of the addition of water to the milk and skimming of cream.

The number of inspections in all districts are very much the same as in previous years. There however has been a gradual increase in the number of inspections of eating establishments; and the field staff have noted an improvement in counters, utensils, and food storage.

There are more than 160 slaughterhouses throughout the province and before a license is issued they should be inspected by a sanitary inspector and reported upon to the Bureau of Food Control. A large percentage of these slaughterhouses was found to be in satisfactory condition. It has not been possible always to reinspect for the purpose of checking improvements because these buildings are usually located away from highways.

**Waste Disposal:** Increased interest in community waste disposal has been reflected in a greater number of requests for help directed to this office. We have supplied these communities with suggestions for local scavenging by-laws and trench-and-fill method for the efficient control of combustible refuse. Scavenging services providing for the regular removal of refuse were put into operation in several towns. The inspectors assisted the local councils by inspecting the lanes and yards and by giving advice to the residents and the local authority. They also inspected private wells and other sources of water supplies. The waters were sampled for bacteriological examination and the users advised on the proper construction of wells and treatment of polluted waters.

**Communicable Diseases:** This bureau is called upon from time to time to investigate outbreaks of communicable diseases. The staff was requested to investigate a number of cases of brucellosis, typhoid fever and poliomyelitis. Each case was fully reported upon and, when the sanitary conditions warranted rectification, the inspector took the necessary action to prevent the spread of disease.

**Acknowledgments:** We wish to acknowledge the valuable advice received from the Federal Department of Entomology through the office of Doctor N. D. Smallman; the co-operation of the Government Liquor Control Commission in our efforts to improve the sanitary facilities in hotels; the Bureau of Health and Welfare Education for its assistance in our training course and advice on films and printed material.

The efforts of the district sanitary inspectors to improve the standards of public health throughout the province is commended. The willing and conscientious work of the clerical staff, the technical assistance of the bureau directors of this section, and the sound counsel and assistance received from you, Sir, during the year, are all gratefully acknowledged.

Respectfully submitted,

MARK FLATTERY,  
Senior Sanitary Inspector.

# Bureau of Industrial Hygiene

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Dr. M. R. Elliott, D.P.H.,  
Acting Director of Health,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I respectfully submit herewith the report of the activities of the Bureau of Industrial Hygiene for the calendar year of 1949.

There have been no changes in the bureau establishment or staff during the year. This report therefore deals with the work of four persons, a Physician—Director, and a Chemist—Industrial Hygienist, who devote part of their time to industrial hygiene; a full-time laboratory assistant and a stenographer.

Since this report does not outline fully the activities of the Industrial Hygiene Laboratory, a report upon non-bureau activities by the chemist in charge is included for the second time.

All the established activities of the bureau have been maintained during the year. Requests for technical advice or service have continued to come from the Workmen's Compensation Board, Department of Labor, City of Winnipeg Health Department, local health units, physicians, and from both management and labor.

The expanded facilities available at the William Avenue and Gertie Street site which were occupied during 1948 have proved very satisfactory. The value of the careful planning of facilities based upon direct experience is being fully realized.

## **A.—EXAMINATION OF MEN IN PRESCRIBED OCCUPATIONS:**

Regulations under The Public Health Act require that all miners and foundry workers hold a subsisting license. This license, reviewed annually upon the basis of a chest x-ray, denotes that the chest condition of the individual worker is satisfactory for the dust exposure characteristic of these types of work.

(1) **Miners:** Two trips were made in conducting the thirteenth annual silicosis survey of miners into the field using railway and Manitoba Government Air Service facilities. One new operation was visited for the first time, the Sherritt Gordon development camp at Lynn Lake, located about 120 air miles north of Sherridon. The bureau continues to act as the central repository of all miners' chest x-rays and medical records. Expenses relating to this work are borne by the Workmen's Compensation Board which administers all claims pertaining to silicosis. Very harmonious liaison was maintained with the Mines Branch officials interested in mine working conditions. Details of this work are proved in Tables I and II.



TABLE I.  
SUMMARY OF SILICOSIS SURVEY—MANITOBA 1949.  
(Miners)

Employer	New Miners Examined	Old Miners Examined	Total Miners Examined	No. of Certs. Issued	No. of Certs. Refused
<b>Examined at Mines:</b>					
Flin Flon (H.B.M. & S.) .....	552	1,069	1,621	1,621	0
Howe Sound, Snow Lake .....	182	45	227	223	4
Ogama Rockland .....	55	28	83	83	0
San Antonio .....	72	129	201	201	0
Sherritt Gordon (Sherridon) ....	34	179	213	213	0
Sherritt Gordon (Lynn Lake)....	27	28	55	55	0
<b>Examined in Winnipeg:</b>					
Already employed by some mine	0	9	9	9	0
Totals .....	922	1,487	2,409	2,405	4

TABLE II.  
COMPARISON OF SILICOSIS SURVEYS—MANITOBA 1940-49

Year	No. of Old Miners Examined	No. of New Miners Examined	Total No. of Miners Examined	No. of Certs. Issued	No. of Certs. Refused
1940	685	317	1,002	981	21
1941	843	1,137	1,982	1,960	22
1942	867	893	1,760	1,677	83
1943	1,438	864	2,302	2,278	24
1944	1,204	531	1,735	1,723	12
1945	1,129	355	1,484	1,478	8
1946	1,222	1,059	2,281	2,274	7
1947	1,275	699	1,974	1,953	4
1948	1,332	888	2,220	2,197	4
1949	1,487	922	2,409	2,405	4

(2) **Foundrymen:** The sixth annual silicosis survey of foundry workers was conducted during April, 1949. Portable x-ray equipment was set up at the larger companies in and around Greater Winnipeg. Workers from the smaller plants were examined at the central office. The total numbers reviewed were just slightly larger than last year.

Total Foundrymen X-rayed 1948 .....	1,042
Total Foundrymen X-rayed 1949 .....	1,074
Foundrymen's survey .....	995
Subsequent Examinations .....	79
Total Certificates Granted .....	1,073
Total Certificates Refused .....	1

**B.—CONSULTATIONS ON INDUSTRIAL HYGIENE:**

It is difficult to record accurately the number of consultations received by the bureau since a large proportion of them originate and are dealt with during field visits. The following list, albeit incomplete, represents relatively specific requests received for the most part by telephone or mail.

TABLE III.

## CONSULTATIONS ON INDUSTRIAL HYGIENE—MANITOBA 1949.

Industry	No. of Plants	Nature of Consultation	Number
Aircraft .....	1	Acid fumes in battery room .....	1
Chemical .....	4	Calcium cyananide .....	1
		Seed treating process .....	1
		Cresylic acid .....	1
		Water hardness .....	1
Electroplating .....	2	Control of chrome mist .....	1
		Chrome poisoning .....	1
Fan Manufacturers .....	2	Fan characteristics .....	1
		Ventilation plans .....	1
Foundries .....	4	Ventilation .....	1
		Silicosis control .....	3
Governmental .....	8	Sodium hypochlorite .....	1
		Xanthates .....	1
		Composition of metal cleaners .....	1
		Cold sterilizing solutions .....	1
		Insecticides in hard water .....	1
		Tear Gas (Warning Gas) .....	1
		CO hazard in garages .....	2
		Ventilation of lead dust .....	1
		Control of insecticide manufacture .....	2
		Chloroform .....	1
		Hydrogen gas .....	1
		Fluorescent lamps .....	1
		Factory regulations .....	1
		Offset powder in printing plant .....	1
Institutions .....	7	Coal gas .....	1
		Foot bath solutions .....	1
		Ventilation:—engine exhaust .....	1
		Ventilation:—spray painting .....	1
		Scratch remover polish .....	1
		Floor disinfectant .....	1
		Composition of soap .....	1
		Triethylene glycol estimation .....	1
Manufacturers' Agents .....	3	Air purifying equipment .....	1
		X-ray shoe fitting machines .....	1
		Ethyl Mercaptan Warning Gas .....	1
Meat Packing .....	1	Radiation hazard .....	1
Medical Profession .....	2	Chrome poisoning .....	1
		Welding fumes .....	1
Processing .....	2	Starch dust control .....	1
		Composition of degreaser .....	1
Plumbing .....	1	Dermatitis .....	1
Repair Garages .....	1	Ventilation of diesel exhaust .....	1
Rendering Plant .....	1	Odor control .....	1
Retail Stores .....	2	Exhaust ventilation of fumes .....	1
		Disposal of fluorescent tubes .....	1
Scrap Metal .....	3	Blood tests .....	1
		Dust control .....	1
		Ventilation .....	3
		Lead hazard .....	1
Totals .....	44		56



**C.—PLANT SURVEYS AND VISITS:**

There is no doubt that this phase of the work of the bureau yields the best results. If management can be convinced recommendations are based upon the careful on-the-spot assessment of their individual problems the matter of compliance becomes simplified. The volume of work undertaken has remained static and again represents in almost every instance our response to a specific request for assistance. Self initiated visits have been relatively few for the very reason that for another year time has just not been available to expand our plant study program.

TABLE IV.

Industry	No. of Visits	Industrial Hazards Disclosed
Construction .....	2	Silica dust
Laboratories .....	2	Lead
		Poor ventilation
Machine Shops .....	4	Fiberglass
		Poor ventilation
Processing .....	4	Ammonia
		Inadequate ventilation (2)
Electroplating .....	2	Poor ventilation
Bedding and Upholstering .....	2	Dermatitis
Repair Garages .....	8	Degreaser solvent
		Carbon monoxide (2)
		Lack of ventilation
Rendering Plant .....	1	
Oil Refinery .....	1	Hydrogen sulfide
Chemicals .....	1	2,4-D dust
Clothing .....	1	Dermatitis
Stone .....	3	Silica dust
Foundry .....	12	Inadequate ventilation
Private Dwellings .....	2	Carbon monoxide
Total .....	46	

**D.—LABORATORY AND FIELD DETERMINATIONS:**

The laboratory procedures carried out during the year are listed in Table V below. Further curtailment of the mineral analysis of water carried out for Public Health Engineering are the chief reason for the reduction in the total number of tests during the year.

Continued co-operation from the Division of Industrial Hygiene, Ottawa, has been of considerable value during the year and we are pleased to learn that enhanced facilities there will allow us to place increasing reliance on that laboratory for the carrying out particularly of infrequently used tests. A considerable number of mine and quarry dust samples were forwarded to Ottawa for study and silica content determination, through co-operation with the Mines Branch. The Chemist during the summer months supervised a small Federal research grant which was set up to study nitrates in water. A screening test was developed to indicate the presence of potentially dangerous quantities of nitrate in drinking water supplies. This test now is being applied routinely to water samples submitted to the Provincial Laboratory for bacteriological study.

TABLE V.

LABORATORY AND FIELD DETERMINATIONS—1949

Analyses and Tests		
Ventilation .....	97	
Carbon monoxide .....	52	
Alkali fumes .....	6	
Hydrogen sulfide .....	4	
Carbon dioxide .....	4	
Ammonia .....	4	
Dust counts .....	6	
Phenol .....	2	
Flash point .....	1	
Cyanide .....	4	
Wax (Locker wraps) .....	2	
Reconstituted milk .....	4	
	—	186
Stippled cell counts .....	743	743
Water and Sewage:		
Mineral analyses .....	590	
Sanitary analyses .....	85	
Fluoride .....	24	
Wool scouring wastes .....	5	
Algae .....	3	
Development .....	14	
	—	721
		1,650

The increased activity of the Division of Industrial Hygiene, Ottawa, in the production of educational material, particularly posters and popular Industrial Hygiene periodicals, has resulted in our quitting the mass distribution field during the year. Emphasis has been transferred to the placement of material dealing with specific problems into the hands of those exposed. A carbon monoxide poster and booklet were distributed to each of 1,600 garages in the province.

Sincere appreciation is hereby recorded of the untiring co-operation of the bureau chemist, Mr. Ward, and the senior X-ray technician, Mr. W. S. Allison.

Respectfully submitted,

HUGH MALCOLMSON, M.D.,  
Director Environmental Sanitation.



# Industrial Hygiene Laboratory

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Dr. Hugh Malcolmson, D.P.H.,  
Director, Bureau of Industrial Hygiene,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

Herewith is submitted a report of the supplementary activities of the Industrial Hygiene Laboratory for the calendar year 1949. Laboratory activities relating to Industrial Hygiene have already been recorded in the Annual Report of the Bureau of Industrial Hygiene.

We again have been called upon, as in the past few years, to participate in the chemical phases of the programs of several other official agencies through use of the services of our staff and the facilities of the laboratory. These activities, although not directly related to Industrial Hygiene, are important to the overall Public Health program in Manitoba; and in our opinion, since no alternative facilities for doing the work are available, their inclusion in the laboratory program is merited. The major portion of this effort, as in former years, has been in connection with Public Health Engineering activities. This is due to the close integration of the bureaus which make up the Section of Environmental Sanitation.

A small Federal research project was approved to enable us to extend the investigation following preliminary work reported in 1948 in connection with the relationship of well water nitrate to certain types of "Blue Babies". This involved employment of a research assistant for the summer months to work in the laboratory under the direction of the chemist.

The following tabulation indicates the various agencies served and the type of activities involved.

## **A.—BUREAU OF PUBLIC HEALTH ENGINEERING**

**Water Analyses**—Municipal, institutional, private, industrial.

**Water Treatment**—Investigation of treatment measures for above includes:

- Taste and odor control problems.
- Algae control in dugouts.
- Affect of mineral waters on infants.
- Nitrate content of private and hospital supplies.
- Control of iron in laundry waters.
- Bottling plant water supplies.
- School water supplies.
- Softening of hard water supplies.

**Water Treatment Plant Operation:** Routine analysis of operation. Investigation of seasonal problems. Instruction of plant operators. Break-point chlorination.

**Industrial Trade Wastes:** Study of treatment measures.

**Educational:** Demonstrations and lectures to medical students, student sanitary inspectors, public health nurses and faculty of education students. Participation in Annual Sanitary Inspector's Workshop.

**Technical Assistance**—Abstracting and coding of technical literature. Interpretation of data for use of field staff. Maintenance of punch-card record of all water studies.

#### **B.—BUREAU OF FOOD CONTROL**

**Water Analysis**—Restaurant and creamery supplies.

**Sampling Equipment**—Preparation of “milk thieves”. Phenol content of bottle cap liners.

**Frozen Food Wrapping Material**—Estimation of wax content.

**Consultations**—Re margarine testing and reconstituted milk.

#### **C.—SECTION OF PREVENTIVE MEDICAL SERVICES**

Investigation of nitrate content of water supplies. Preparation of display and literature re nitrates in well waters.

#### **D.—BUREAU OF DENTAL SERVICES**

**Water Analysis**—Fluoride content as related to dental caries.

**Preparation**—Fluoride solutions for caries control program. Ammoniated dental powders for caries control.

#### **E.—DEPARTMENT OF LABOR**

Consultations regarding industrial hazards. Flash-point tests on dry cleaning solvents. Toxicity of new chemical compounds.

#### **F.—BUREAU OF INDUSTRY AND COMMERCE**

Water analysis for industrial surveys.

#### **G.—PROVINCIAL ARCHITECTS OFFICE**

Technical advice in regard to control of health hazards in government offices and workshops (such as Manitoba Technical Institute, M.G.A.S., Public Works garages).

#### **H.—MINES BRANCH**

Advice regarding dust counting and control measures. Technical assistance regarding mine gases and mine ventilation. Assistance in dust surveys in quarries. Assistance in study of gases in gypsum mine.

#### **I.—MUNICIPAL HEALTH DEPARTMENTS**

Consultations regarding industrial hygiene problems. Studies of atmospheric pollution problems (includes refinery gases, insecticides and herbicides, lead). Treatment of contaminated waters.

#### **J.—PROVINCIAL CORONER**

Chemico—legal investigations, Toxicology.



**K.—DEPARTMENT OF AGRICULTURE**

Consultations upon chemistry and toxicology of newer insecticides.

It has been necessary throughout the year to limit the extent of our participation in many of these activities. This has meant turning down a number of requests, not on the basis of their importance but rather because of the limited time available under the present laboratory set-up. It is hoped that all concerned recognize that this situation, whereby some requests are turned down while others are undertaken, is not due to our interpretation of the relative merits of the request but rather to whether we have been able to adjust our Industrial Hygiene program to make time for it.

Respectfully submitted,

W. M. WARD,  
Chemist.

# Section-Preventive Medical Service

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## BUREAU OF DISEASE CONTROL

Dr. M. R. Elliott, D.P.H.,  
A/Director of Health Services,  
Department of Health and Public Welfare,  
Province of Manitoba.

Sir:

I herewith submit the report of Preventive Medical Services for the year ending December 31, 1949.

Attached are the reports of Venereal Disease Control, the Central Tuberculosis Registry, Public Health Nursing and Maternal and Child Hygiene, submitted by the respective directors. Comment on these reports will be introduced in their proper place.

### Acute Communicable Diseases

The report of Acute Communicable Diseases for the year 1949 is **preliminary** only; the final figures will be given in the 1950 report. Figures for 1948 shown in this report are **final**. These facts must be kept in mind in comparing statistics for the two years as no doubt the final figures for 1949 will be altered in some instances.

Total number of cases of notifiable diseases reported for 1949, exclusive of cancer, venereal diseases and occupational diseases, was 11,426. This is an increase from the number reported for the year 1948. The increase was due chiefly to measles being in epidemic proportion. No serious epidemic occurred in 1949, although poliomyelitis showed a little higher than normal incidence for non-epidemic years. Encephalitis also showed a slightly higher than normal incidence. This was a peak year for measles but these peaks do occur in a more or less regular cycle. The number of deaths did not increase. Table No. 1 shows in comparison the cases, deaths and death rates per hundred thousand population for the years 1948 and 1949. This table shows that the population of Manitoba was fortunate in having a low incidence of communicable diseases in almost all phases during 1949. Table No. 2 shows in comparison the reported cases of fourteen communicable diseases in Manitoba for the past six years.

**Anterior Poliomyelitis:** This disease in 1949 was slightly more prevalent than in non-epidemic years. One hundred and fourteen cases were reported and of these nine died. There was a higher percentage than usual of cases of the bulbar type and the increase in mortality was due to this fact. Fifty-five of the one hundred and fourteen cases were males and fifty-nine were females. The males usually predominate in the ratio of sixty to forty. Fifty-four were under the age of ten years, thirty-eight were in the ten to nineteen age group, and only twenty-two were twenty years of age or older. Two of the cases were Treaty Indians. Five of the nine deaths were males, aged three, six and a half, eleven, twenty and twenty-one years; four were females, aged one and a half, three, thirteen and forty-six years.

Cases were scattered throughout the province but some areas were fortunate enough not to have cases. The most of the cases occurred in August and September.



44 patients had no paralysis or made complete recovery,  
29 had slight paralysis or weakness,  
18 had moderate paralysis,  
8 had marked paralysis,  
6 on whom we have no report to date,  
9 died.

Those with only slight paralysis or weakness should make a complete recovery. Those with moderate or marked paralysis will improve to quite a degree so that only a small number will be definitely crippled or incapacitated. Information regarding patients with residual paralysis under the age of twenty-one is passed to our Crippled Children's Registry.

The Department of Health and Public Welfare, as in former years, supplied three weeks' hospitalization in certain hospitals staffed by certified orthopedists and having adequate physiotherapy departments. Costs borne by the department for this service in 1949 are shown on the table below. This table shows the costs were nearly double in 1949 to what they were in 1948. The number of patients treated is the same but they required a greater number of hospital days, and the rate was raised from two dollars a day in 1948 to three dollars a day in 1949.

Monies Paid by the Department of Health and Public Welfare for the Care of Poliomyelitis Patients Under the Three Weeks' Arrangement

	Number of Patients	Hospital Days	Amount paid by department for hospital care	Amount paid for splints, boots, etcetera	Total Amount paid
Cases which developed in 1949 .....	56	1,055	\$3,123.00	.....	\$3,123.00
Cases from former years	5	63	147.00	\$50.00	197.00
Total .....	61	1,118	\$3,270.00	\$50.00	\$3,320.00

CHICKENPOX, with 1,658 cases reported, shows only about half the number in 1948. This disease, of course, fluctuates from year to year. Two deaths occurred, one a female only twenty-seven days old and the other a male eight months of age who also suffered from pneumonia.

DIPHTHERIA. There were seventeen cases reported and five carriers. This is the least number of cases reported for any year in the history of Manitoba and is most gratifying. Thirteen of the seventeen cases occurred in Winnipeg and four in the balance of the province. There were three deaths, one female aged three years from rural Manitoba, one male aged one and one male aged two years from the City of Winnipeg.

It would appear from information received regarding the seventeen cases, that none of these had been immunized against diphtheria within the past four years. Nine of the cases were under the age of five years, three were in the period five to nineteen years, four in the twenty to twenty-nine age group and one woman was aged forty-nine. This emphasizes the fact that children should be immunized under the age of one year and their immunization kept up by reinforcing doses as long as we can get them to report to clinics. The four cases in the twenty to twenty-nine age group would indicate that these people either had never been immunized or that they had lost their immunity because their reinforcing doses had not kept up after school age.

Table No. 2 shows the number of cases reported in persons other than Treaty Indians for the past six years and emphasizes the remarkable decrease in cases of diphtheria. Table No. 5 shows a comparison of cases and deaths, case fatality rates and deaths per hundred thousand population by years, 1940 to 1949 inclusive. The figures in table No. 5 do not include Treaty Indians.

The following table shows immunizations against diphtheria in Manitoba, by age groups, for the years 1947, 1948 and 1949.

Notes: \*Augmenting doses are those given to persons who have been immunized several years before but require a stimulating dose to again bring their immunity to a high level.

†Returns for 1949 not complete.

Age Groups	Complete Immunizations			*Augmenting Doses		
	1947	1948	†1949	1947	1948	†1949
Under 1 year .....	4,106	4,731	4,316	2	7	nil
1 year .....	1,917	2,742	2,365	nil	7	nil
2-5 years .....	4,961	3,021	3,271	3,408	4,947	7,019
6-16 years .....	6,196	3,486	4,237	10,893	12,927	12,916
Over 16 years .....	297	276	125	739	1,154	637
No age given .....	5,161	2,557	219	73	162	539
Total .....	22,638	16,813	14,533	15,115	19,204	21,111

DYSENTERY—Amoebic: No cases nor deaths were reported for 1949. Bacillary. Thirty cases were reported, fourteen of them being Treaty Indians. There were three deaths, two of these being Treaty Indians. This shows about double the number of cases in 1948 and is partly due to better reporting, but there were several small outbreaks in the vicinity of Indian Reserves. Poor sanitation is usually the cause of spread of this disease.

DIARRHOEA AND ENTERITIS UNDER ONE YEAR—Two hundred and eighty cases were reported in 1949 and of these one hundred and three died. Forty-four of the cases and thirty-two of the deaths were Treaty Indians. This shows a definite increase in both the number of cases and deaths. This disease is one of the outstanding problems in public health and preventive medicine. It causes a very high mortality in infants, especially from poorer types of homes and where overcrowding is present. Lack of proper refrigeration in our hot summer months has a definite bearing on the number of cases of this disease. An intensive effort must be carried out to improve living conditions and to educate people so as to avoid these infections.

EPIDEMIC ENCEPHALITIS—Thirty-five cases were reported in 1949 and of these three died. There was one death of a person who had suffered from encephalitis in former years. Several of the cases were proved by laboratory tests to be of the Western Equine type. It should be considered that in 1949 we had a small epidemic of Western Equine encephalitis, as signs and symptoms were similar in almost one hundred percent of cases. Twenty-four of the cases were males and eleven were females. Six occurred under the age of one year and the balance were mostly in adults, which is typical of this disease. The four deaths were all in males, one aged thirty-six and the other three, sixty-six.

ERYSIPELAS—Thirty-two cases were reported, one of these being a Treaty Indian. One white person died.



INFLUENZA—Two hundred and twenty-one cases were reported, fifty-nine of these being Treaty Indians. Forty-one deaths occurred and of these twenty-four were Treaty Indians. Influenza cases are never reported in full and there were probably many hundreds, if not thousands, of mild cases of which we had no notification.

MEASLES—This disease again in 1949 was epidemic; 6,045 cases were reported and no doubt there were many more. Thirty-nine of these cases were Treaty Indians. Thirteen deaths occurred, being one less than in 1948 when only a quarter of the number of cases were reported. Three of the deaths were in Treaty Indians.

GERMAN MEASLES—One hundred and eight cases were reported and there were no deaths due to this disease.

MENINGOCOCCAL MENINGITIS—Twenty-seven were reported in 1949 and of these six died. Three of the cases were Treaty Indians and all three died. This is a slightly higher figure than our average incidence.

MUMPS—Shows a decrease in the number of cases for 1949 with nine hundred and sixty-four reported. Twenty-nine of these were Treaty Indians. Three deaths occurred, one being a Treaty Indian. Mumps in itself rarely, if ever, causes death. The Treaty Indian who died was a nine-year-old girl who also had rheumatic heart disease. One of the two other deaths was a male aged seventy-eight who had heart disease and arterial sclerosis. The other was a female, aged eighty-eight years, who also had chronic heart disease.

OPHTHALMIA NEONATORUM—One case was reported, this being a half-breed baby boy at The Pas.

LOBAR PNEUMONIA—One hundred and ninety-nine cases were reported causing sixty-eight deaths. Twenty of the cases were Treaty Indians and of these six died.

PUERPERAL FEVER—Five cases were reported and of these three died. One of the deaths was a woman of twenty years and the other two were both thirty-two years old. One of these had been a diabetic for several years.

SCARLET FEVER—Two hundred and eighty-seven cases reported and no deaths. This disease is milder than it was years ago and this is reflected in the death rate. The incidence was increasing in the last two months of 1949 and this may carry over into 1950.

Table No. 7 shows a comparison of cases, deaths, case fatality rates and deaths per hundred thousand population for the years 1940 to 1949 inclusive. These figures do not include Treaty Indians.

The following table shows immunizations against scarlet fever in Manitoba, by age groups, for the years 1947, 1948 and 1949.

Age Groups	Complete Immunizations			*Augmenting Doses		
	1947	1948	†1949	1947	1948	†1949
Under 1 year .....	127	182	173	nil	nil	nil
1 year .....	214	197	220	nil	nil	nil
2-5 years .....	285	269	260	6	4	22
6-16 years .....	158	492	345	5	318	639
Over 16 years .....	109	107	23	nil	5	4
No age given .....	11	31	5	nil	1	
Total .....	904	1,278	1,026	11	328	665

Notes: \*Augmenting doses are those given to persons who have been immunized several years before but require a stimulating dose to again bring their immunity to a high level.

†Returns for 1949 not complete.

SEPTIC SORE THROAT—Fifty cases were reported and there were no deaths. This figure is higher than our usual yearly average.

SMALLPOX—In 1949 no cases were reported. There have been none since 1939. We must not let up in our efforts to have everyone vaccinated and re-vaccinated when necessary.

Vaccinations done in Manitoba, by age groups, for the years 1947, 1948 and 1949 are as follows:

Age Groups	1947	1948	†1949
Under 1 year .....	2,356	3,300	3,336
1 year .....	1,675	2,005	1,699
2-5 years .....	5,219	3,365	3,473
6-16 years .....	8,901	6,963	6,893
Over 16 years .....	1,161	1,752	769
No age given .....	2,982	429	374
Total .....	22,294	17,814	16,544

†Returns for 1949 not complete.

TETANUS—Three cases were reported and of these one died, a girl seven years of age. This is a smaller number of cases and deaths than we usually have.

Tetanus toxoid is being given by many doctors when immunizing against diphtheria and whooping cough. There were, in this way, 3,745 immunized in Manitoba during 1949. Many doses of tetanus antitoxin are given as a preventive to persons injured in such a manner that there might be danger of infection with tetanus bacillus. We hope through these efforts to save lives and prevent cases.

TRACHOMA—Five cases were reported, one of these being a Treaty Indian.

TYPHOID FEVER—Twelve cases were reported in 1949, six of these being Treaty Indians. There were two deaths, both in white persons. These figures show a continued decrease in this disease among white persons but show an increase among Treaty Indians because of two outbreaks on reservations. Typhoid is difficult to control among Indians because of the lack of knowledge and disregard of sanitary disposal of body wastes and good personal hygiene. This section is co-operating with Indian Health Services in an effort to control typhoid among Indians. Immunization against typhoid has been carried out on some Indian reserves during 1949.

Four typhoid fever carriers were discovered during 1949. Two of these were Treaty Indian cases who continued as convalescent carriers. One woman of forty-seven years of age was discovered to be a carrier when investigating two cases of typhoid in white persons in the rural area. One white male was discovered to be a typhoid carrier when he was in hospital in Winnipeg for investigation of some other condition.



UNDULANT FEVER (BRUCELLOSIS)—Twenty-seven cases were reported, all in white persons. One of these died; he was a man seventy-five years of age and no doubt his age would have some bearing on his death. Deaths in Manitoba are rarely attributable to undulant fever alone.

WHOOPING COUGH (PERTUSSIS)—Only one hundred and seventy-five cases were reported, causing six deaths. Fourteen of the cases were in Treaty Indians and of these three died. The incidence of whooping cough in Manitoba has decreased for the second year.

Table No. 8 shows in comparison the cases, deaths, case fatality rates and deaths per hundred thousand population due to whooping cough for the years 1940 to 1949 inclusive. Treaty Indian cases and deaths are not included in this table.

Immunization against whooping cough was again carried on during 1949. A table of the immunizations done in Manitoba, by age groups, during the years 1947, 1948 and 1949 is shown below.

Age Groups	Complete Immunization			*Augmenting Doses		
	1947	1948	†1949	1947	1948	†1949
Under 1 year .....	4,018	4,432	4,100	nil	5	nil
1 year .....	1,853	2,378	2,344	nil	nil	nil
2-5 years .....	3,832	2,214	2,930	2,156	4,024	6,349
6-16 years .....	970	883	1,674	801	3,317	2,873
Over 16 years .....	65	109	9	42	117	39
No age given .....	4,967	2,546	196	13	95	241
Total .....	15,705	12,562	11,253	3,012	7,558	9,502

Notes: \*Augmenting doses are those given to persons who have been immunized several years before but require a stimulating dose to again bring their immunity to a high level.

†Returns for 1949 not complete.

IMMUNIZATION—Table No. 4 shows the materials distributed for this purpose during the years 1940 to 1949 inclusive. Practically the same amounts were distributed in 1949 as in 1948. Immunization is one of the most valuable weapons we have in controlling communicable diseases for which we have a good preventive agent. We must therefore continue our efforts to increase the percentage of those immunized.

TUBERCULOSIS—One thousand one hundred and thirty-one cases were reported and of these four hundred and sixty-one were Treaty Indians. The total number of deaths was two hundred and twelve, one hundred and five of these being Treaty Indians. This is a definite decrease in number of cases and deaths both in whites and Treaty Indians. The Treaty Indian rates, of course, are still very high in comparison with the white population, but Indian Health Services are very active in their efforts to control this infection in the Indian population.

Attached is the statistical report of the Central Tuberculosis Registry, tabulated by Miss E. Wilson, R.N., P.H.N., which shows the amount of work done, the findings and disposition of cases as at December 31, 1949, in comparison with 1948. Some

of the outstanding points are the decrease in number of cases, fewer cases of far advanced active tuberculosis being found among Treaty Indians, and a higher percentage of cases discovered being in the earlier stages of illness. There has been a slight increase in relapses and therefore more re-admissions to sanatoria. The provision of free streptomycin and free pneumothorax to out-patients, being supplied under Federal Health Grants, are a definite advance in treatment. We have no public health nurse visiting service to the homes for educational purposes in areas outside of local health units, doing preliminary work before clinics, and doing follow-up work of patients discharged to their homes. This service in the past was of definite value and when nursing staff is available should be instituted again.

It has been necessary to have a few recalcitrant patients brought before a magistrate and committed to sanatorium for treatment. This method of admission to sanatorium is quite valuable and is only used when absolutely necessary.

**VENEREAL DISEASES**—Attached is Dr. Backman's report regarding these diseases. Syphilis shows a definite decrease again in 1949. There is also a decrease in gonorrhoea but it is slight in comparison with the number of cases. There is no doubt that the increased use of penicillin is showing results insofar as syphilis and gonorrhoea are concerned. It is gratifying to find that the number of cases under the age of eighteen years is decreasing.

Contact tracing has been continued with even better success than in former years. Our efforts in the control of syphilis are proving themselves. This is also true to a lesser extent with gonorrhoea. Our work will be continued and intensified in 1950.

**STAPHYLOCOCCAL INFECTION**—This infection on the skin of new born infants and breast abscesses of the mothers of infants was mentioned in the 1948 report. The work during 1949 of the special committee, and members of hospital staffs together with members of this department, carried on investigation and trial of control methods. It was discovered that an antibiotic drug known as aureomycin had a specific effect on this organism. This infection, through its routine use in some of the hospitals, has almost disappeared. Some of this decrease in infection may have been due to natural causes, but we are pleased that it is not causing the damage it did in 1948 and the early part of 1949.

**CANCER**—With 1,858 cases reported, again shows an increase over previous years with the number of deaths (960) remaining about the same. Three of the cancer cases reported were in Treaty Indians and there were four deaths among Indians.

The Cancer Relief and Research Institute will be putting out an annual report which will show the increased amount of work done regarding cancer.

**MATERNAL AND CHILD HYGIENE**—Attached is the report of this bureau prepared by Dr. Ella L. Peters, Director.

A Crippled Children's Registry has been put in working order. Clinics for examination of crippled children and cerebral palsied children have been carried on throughout the year. No active treatment of crippled children has been commenced under the auspices of the department.

Incubators have been supplied to hospitals and medical-nursing units throughout the province under a National Health Grant.



**EDUCATIONAL ACTIVITIES**

The director of this section, as in former years, has lectured to the School of Nursing Education, the School of Social Work and the students in the Faculty of Medicine in the University of Manitoba. It is considered that this work is of definite value in the promotion of widespread knowledge of disease prevention.

**Appreciation**

The co-operation and assistance of the staff in carrying out the various activities of this section are greatly appreciated.

Respectfully submitted,

MAXWELL BOWMAN, M.D.,

Director of Preventive Medical Services.

TABLE No. 1

CASES AND DEATHS—COMMUNICABLE DISEASES AND CANCER—MANITOBA—1948 AND 1949

	1948				**1949			
	Total Cases	Treaty Indian Cases	Total Deaths	Death Rates per 100,000	Total Cases	Treaty Indian Cases	Total Deaths	Death Rates per 100,000
Anterior Poliomyelitis .....	137	2	*5	0.7	114	2	*9	1.2
Chickenpox .....	3,068	24	1	0.1	1,658	0	2	0.3
Diphtheria .....	49	3	3	0.4	17	0	4	0.5
Dysentery—Amoebic .....	3	0	0	0.0	0	0	0	0.0
Bacillary .....	16	10	1	0.1	30	14	3	0.4
Diarrhoea and Enteritis, under one year .....	177	14	73	9.6	280	44	103	13.2
Epidemic Encephalitis .....	4	0	†7	0.9	35	0	†4	0.5
Erysipelas .....	42	1	1	0.1	32	1	1	0.1
Influenza .....	151	43	43	5.7	221	59	41	5.3
Measles .....	1,545	16	14	1.9	6,045	39	13	1.7
German Measles .....	36	0	0	0.0	108	0	0	0.0
Meningitis, Meningococcal .....	15	2	4	0.5	27	3	6	0.8
Mumps .....	2,119	13	1	0.1	964	29	3	0.4
Ophthalmia Neonatorum .....	0	0	0	0.0	1	0	0	0.0
Pneumonia, Lobar .....	159	12	71	9.4	199	20	68	8.7
Puerperal Fever .....	2	1	2	0.3	5	0	3	0.4
Scarlet Fever .....	249	0	1	0.1	287	0	0	0.0
Septic Sore Throat .....	25	1	1	0.1	50	0	0	0.0
Smallpox .....	0	0	0	0.0	0	0	0	0.0
Tetanus .....	6	0	3	0.4	3	0	1	0.1
Trachoma .....	2	0	0	0.0	5	1	0	0.0
Tuberculosis .....	1,477	631	296	39.1	1,131	461	212	27.2
			145				105	



Typhoid Fever .....	9	0	1	0	0.1	12	6	2	0	0.3
Paratyphoid Fever .....	2	0	1	0	0.1	0	0	0	0	0.0
Undulant Fever .....	15	0	0	0	0.0	27	0	1	0	0.1
Whooping Cough .....	306	1	7	1	0.9	175	14	6	3	0.8
Totals .....	9,614	774	536	192	70.6	11,426	693	482	183	62.0

Diphtheria Carriers .....	10	2	0	0	0.0	5	2	0	0	0.0
Typhoid Fever Carriers .....	2	0	0	0	0.0	4	0	0	0	0.0
Cancer .....	1,743	2	969	4	128.0	1,858	3	960	4	123.4

\*\*1949 Cases and death preliminary only.  
\*1948 Poliomyelitis deaths include 2 deaths in cases from former years; 1949 deaths include 1 death in case from former year.  
†1948 Epidemic Encephalitis deaths include 4 deaths in cases from former years; 1949 deaths include 1 death in case from former year.  
‡1948 Diarrhoea and Enteritis Treaty Indian deaths include 1 death in case from former year.  
Population used for 1948 757,000. Population used for 1949: 778,000.  
Treaty Indian Population used for 1948 and 1949: 15,504.

TABLE No. 2.

**REPORTED CASES OF 14 COMMUNICABLE DISEASES**  
**MANITOBA 1944 to 1949 INCLUSIVE**  
(not including Treaty Indians)

Disease	1944	1945	1946	1947	1948	1949
Anterior Poliomyelitis .....	95	21	46	596	135	112
Diphtheria .....	255	276	189	82	46	17
Erysipelas .....	71	52	48	41	41	31
Influenza .....	202	172	199	106	108	162
Measles .....	5,433	501	2,242	6,925	1,529	6,006
Meningococcal Meningitis .....	21	15	23	16	13	24
Mumps .....	1,528	1,484	2,343	1,532	2,106	935
Puerperal Fever .....	5	2	1	4	1	5
Scarlet Fever .....	2,094	772	605	205	249	287
Smallpox .....	0	0	0	0	0	0
Tuberculosis .....	606	663	846	1,075	844	670
Typhoid Fever .....	20	32	20	8	9	6
Paratyphoid Fever .....	1	6	3	0	2	0
Whooping Cough .....	425	359	418	1,292	305	161

TABLE No. 3.

**BIOLOGICS DISTRIBUTED FREE IN MANITOBA—1948 and 1949**

Material	1948	1949
Diphtheria Toxoid (Comp. Treatments) .....	13,339	12,260
Diphtheria Antitoxin (Units) .....	11,582,000	7,753,000
Schick Test (Tests) .....	12,700	7,550
Smallpox Vaccine (Points) .....	39,865	35,569
Scarlet Fever Antitoxin (Units) .....	1,077,000	1,578,000
Scarlet Fever Toxin (Comp. Treatments) .....	3,552	2,662
Dick Tests (Tests) .....	3,640	2,780
Typhoid Paratyphoid Vac. (Comp. Treatments) .....	20,269	6,495
Pertussis Vaccine (Comp. Treatments) .....	1,535	762
Pertussis Vaccine and Diphtheria Toxoid Combined—(Comp. Treatments) .....	17,822	15,888
Tetanus Antitoxin (Units) .....	5,979,500	7,443,000
Tetanus Toxoid .....	218	251
Tetanus Toxoid, Diphtheria Toxoid and Pertussis Vaccine (Comp. Treatments) .....	692	8,032
Tetanus Toxoid and Diphtheria Toxoid Combined—(Comp. Treatments) .....	25	10
Tetanus Toxoid and T.A.B. Vaccine—Combined .....	27	114
Silver Nitrate. Capsules—Boxes .....	6	37
1-oz. bottles .....	101	85
Tuberculin Patch Tests .....	1,594	915
Insulin distributed in 1949:	Zinc Crystals (Plain)	Protamine Zinc
Units .....	400 800	400 <b>800</b>
No. of bottles .....	3,249 305	6,139 495
Total number of persons in Manitoba receiving insulin all or part of 1949—278.		

Note: Besides the above number of patients receiving insulin, hospitals in the province also procured this material through the department for administration to indigent patients while in hospital.



TABLE No. 4.

SMALLPOX VACCINE, DIPHTHERIA TOXOID, SCARLET FEVER TOXIN,  
PERTUSSIS VACCINE AND COMBINED PERTUSSIS AND DIPHTHERIA  
TOXOID DISTRIBUTED IN MANITOBA—1940-1949

Year	Smallpox Vaccine	Diphtheria Toxoid	Scarlet Fever Toxin	Pertussis Vaccine	Combined Pertussis and Diphtheria
1940 .....	30,132	26,410	5,457		
1941 .....	22,154	27,530	5,390		
1942 .....	27,827	28,891	9,500		
1943 .....	36,712	43,030	6,234	4,928	6,716
1944 .....	28,046	36,837	10,807	2,761	7,400
1945 .....	27,934	18,161	4,833	2,930	9,704
1946 .....	40,906	26,589	4,740	3,118	14,666
1947 .....	47,410	19,225	4,342	3,728	22,233
1948 .....	39,865	13,239	3,563	1,535	17,797
1949 .....	35,569	12,260	2,662	762	15,888
10-Year Total .....	336,555	252,172	57,528	19,762	94,404

Note: The figures in this table refer to complete treatments issued. The department did not distribute pertussis vaccine and the combined diphtheria toxoid and pertussis vaccine until 1943.

In addition to the above, 8,032 complete treatments of diphtheria toxoid and pertussis vaccine with tetanus toxoid were distributed in 1949; the figure for 1948 was 692 complete treatments.

TABLE No. 5.

DIPHTHERIA IN MANITOBA—1940-1949  
(Not including Treaty Indians)

CASES, DEATHS, CASE FATALITY RATES, DEATHS PER 100,000

Year	Cases	Deaths	Case Fatality Rates	Deaths per 100,000
1940 .....	311	7	2.3	1.0
1941 .....	179	6	3.4	0.8
1942 .....	262	11	4.2	1.5
1943 .....	273	15	5.5	2.1
1944 .....	255	20	7.8	2.7
1945 .....	276	23	8.3	3.2
1946 .....	189	12	6.4	1.8
1947 .....	82	2	2.4	0.3
1948 .....	46	3	6.5	0.4
1949 .....	17	4	23.5	0.5

TABLE No. 6.

**TYPHOID AND PARATYPHOID FEVER IN MANITOBA—1940-1949**  
(Not including Treaty Indians)

**CASES, DEATHS, CASE FATALITY RATES, DEATHS PER 100,000**

Year	Cases	Deaths	Case Fatality Rates	Deaths per 100,000
1940 .....	141	15	10.6	2.0
1941 .....	34	1	2.9	0.1
1942 .....	38	4	10.5	0.6
1943 .....	26	2	7.6	0.3
1944 .....	21	3	14.2	0.4
1945 .....	38	7	18.4	1.0
1946 .....	23	1	4.3	0.1
1947 .....	8	0	0.0	0.0
1948 .....	11	2	18.2	0.3
1949 .....	6	2	33.3	0.3

TABLE No. 7.

**SCARLET FEVER IN MANITOBA—1940-1949**  
(Not including Treaty Indians)

**CASES, DEATHS, CASE FATALITY RATES, DEATHS PER 100,000**

Year	Cases	Deaths	Case Fatality Rates	Deaths per 100,000
1940 .....	676	5	0.8	0.7
1941 .....	546	6	1.1	0.8
1942 .....	1,289	4	0.3	0.6
1943 .....	1,618	2	0.1	0.3
1944 .....	2,094	9	0.4	1.2
1945 .....	772	4	0.5	0.6
1946 .....	605	0	0.0	0.0
1947 .....	205	0	0.0	0.0
1948 .....	249	1	0.4	0.1
1949 .....	287	0	0.0	0.0

TABLE No. 8.

**WHOOPING COUGH IN MANITOBA—1940-1949**  
(Not including Treaty Indians)

**CASES, DEATHS, CASE FATALITY RATES, DEATHS PER 100,000**

Year	Cases	Deaths	Case Fatality Rates	Deaths per 100,000
1940 .....	1,824	38	2.1	5.3
1941 .....	288	8	2.8	1.1
1942 .....	702	10	1.4	1.4
1943 .....	1,851	35	1.9	4.8
1944 .....	425	24	5.6	3.3
1945 .....	359	4	1.1	0.6
1946 .....	418	0	0.0	0.0
1947 .....	1,292	14	1.0	1.7
1948 .....	305	6	2.0	0.8
1949 .....	161	3	1.9	0.4



CENTRAL TUBERCULOSIS REGISTRY

Dr. M. Bowman, D.P.H.,  
Director of Preventive Medical Services,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

The following is the statistical report on tuberculosis from the Central Tuberculosis Registry for the twelve-month period from January 1st, 1949, to December 31st, 1949. The figures, for purposes of comparison, are also shown for the previous year. It must be remembered that the figures for 1949 are only preliminary and may be altered to some extent, but those for 1948 are final.

Table I. Central Tuberculosis Registry

	1948			1949		
	Whites	†Treaty Indians	Reported as: † Eskimos	Whites	†Treaty Indians	Reported as: † Eskimos
Total tuberculous patients carried in Registry File December 31st .....	4,061	1,508	17	4,145	1,557	28
Re-infection type .....	3,925	1,178	16	4,033	1,214	26
Primary .....	136	330	1	112	343	2
Pulmonary tuberculosis at home, active on examination in past year .....	161	130	—	172	129	—
Of these, the number known to be bacillary in the past year .....	42	7	—	50	7	—
New cases of tuberculosis diagnosed in Manitoba .....	858	628	4	693	483	5
Re-infection type .....	782	447	4	646	316	4
Primary type .....	76	181	—	47	167	1
Of these, the number of active cases .....	496	535	4	427	402	5
Number admitted to Sanatoria .....	282	197	3	260	144	5
Number of new diagnoses counted upon notification of death .....	25	58	—	25	18	—
Number of new diagnoses who died within the year .....	38	26	1	21	17	1

†Treaty Indians and Eskimos are wards of the Federal Government.

TABLE II.  
CLASSIFICATION OF NEW ACTIVE TUBERCULOSIS

	1943			1949		
	Whites	Indians	Eskimos	Whites	Indians	Eskimos
Primary tuberculosis .....	76	181	—	47	167	1
Minimal tuberculosis .....	114	102	—	117	90	2
Moderately advanced tuberculosis .....	94	60	—	76	41	—
Far advanced tuberculosis .....	74	71	3	81	37	2
Pulmonary tuberculosis, extent not stated .....	29	49	—	22	15	—
Tuberculous pleurisy .....	59	8	—	34	19	—
Non-pulmonary tuberculosis .....	50	64	1	50	33	—
	496	535	4	427	402	5
						834



TABLE III.

CLINICS AND SURVEYS

Number of Examinations:	1948			1949		
	Whites	Indians	Total	Whites	Indians	Total
Stationary Clinics .....	9,684	68	9,752	10,564	72	10,636
Travelling Clinics .....	5,298	87	5,385	4,477	38	4,515
Surveys .....	228,768	6,678	235,446	211,748	11,171	222,919
TOTAL .....	243,750	6,833	250,583	226,789	11,281	238,070
New Diagnoses of Re-infection Tuberculosis:						
Stationary Clinics .....	182	13	195	176	12	188
Travelling Clinics .....	51	3	54	36	2	38
Surveys .....	392	210	602	291	183	474
TOTAL .....	625	226	851	503	197	700
New Diagnoses of Primary Tuberculosis:						
Stationary Clinics .....	15	5	20	10	1	11
Travelling Clinics .....	23	6	29	13	—	13
Surveys .....	31	144	175	21	141	162
TOTAL .....	69	155	224	44	142	186
Old Tuberculous Patients reviewed:						
Stationary Clinics .....	3,478	10	3,488	3,722	16	3,738
Travelling Clinics .....	711	22	733	667	17	684
Surveys .....	467	60	527	691	258	949
TOTAL .....	4,656	92	4,748	5,080	291	5,371
Pneumothorax treatments given at all Stationary Clinics .....			7,521			7,534
Contacts examined at Stationary and Travelling Clinics .....	5,676	63	5,739	5,843	39	5,882

TABLE IV.

INSTITUTIONAL STATISTICS

	1948			1949		
	Whites	Treaty Indians	Eskimos	Whites	Treaty Indians	Eskimos
Patients in Sanitoria as at December 31st .....	694	378	6	701	447	9
Number of patients admitted to Sanitoria .....	858	386	6	851	410	6
Of these, the number found to be tuberculous .....	784	315	3	769	306	5
<b>First Admissions:</b>						
Primary type of tuberculosis .....	6	16	—	5	26	1
Minimal pulmonary tuberculosis .....	109	74	—	102	69	1
Moderately advanced pulmonary tuberculosis .....	101	52	—	89	60	1
Far advanced pulmonary tuberculosis .....	97	71	3	92	58	2
Tuberculous pleurisy .....	38	7	—	28	13	—
Non-pulmonary tuberculosis .....	25	41	—	30	26	—
TOTAL .....	376	261	3	346	252	5
<b>Re-admissions:</b>						
Primary type of tuberculosis .....	—	—	—	1	1	2
Minimal pulmonary tuberculosis .....	30	22	—	44	11	—
Moderately advanced pulmonary tuberculosis .....	106	8	—	103	16	—
Far advanced pulmonary tuberculosis .....	130	11	—	127	13	—
Tuberculous pleurisy .....	4	1	—	5	1	6
Non-pulmonary tuberculosis .....	12	12	—	25	12	—
TOTAL .....	282	54	—	305	54	—
Number of patients admitted for review .....	126	—	—	118	—	—



Number of tuberculous patients transferred .....	277	60	—	337	274	55	1	330
Number of patients discharged from Sanatoria .....	868	280	1	1,149	844	345	3	1,192
Of these, number of tuberculous patients discharged .....	796	225	1	1,022	756	257	2	1,015
Discharged with arrested tuberculosis .....	48	24	1	72	52	70	—	122
Discharged with apparently arrested tuberculosis .....	174	26	—	200	203	35	—	238
Discharged with quiescent tuberculosis .....	151	38	—	189	161	41	—	202
Discharged with improved tuberculosis .....	113	55	—	168	105	28	—	133
Discharged with unimproved tuberculosis .....	80	14	—	94	55	13	—	68
Discharged dead .....	104	68	—	172	62	70	2	134
TOTAL .....	670	225	1	895	638	257	2	897
Number discharged after review .....	126	—	—	126	118	—	—	118
Number discharged against medical advice .....	55	9	—	64	52	9	—	61

Respectfully submitted,

ELSIE J. WILSON, P.H.N.,  
Registrar.

# Venereal Disease Control

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Dr. Maxwell Bowman, D.P.H.,  
Director, Preventive Medical Services,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I respectfully submit the following report on Venereal Disease Control, for the year ending December 31st, 1949:

Venereal disease infections continued their downward trend during the year. This being especially true insofar as syphilis is concerned.

Antibiotics are gradually replacing other antivenereal disease drugs. There was a marked increase in the distribution of free penicillin to clinics and physicians during the year, and a proportionate decrease in other antivenereal disease drugs. The distribution of free Keidel tubes continues to be very high.

**Clinics at the Out-Patient Department:** of the St. Boniface Hospital remain the same as in previous years. We usually had in the Annex in former years 15 bed patients all of the time receiving treatment for venereal disease; now, because of a decrease in total number of patients, fewer complications and improved penicillin therapy, we have only an average of from six to seven bed patients. The balance we are able to treat in the clinic on an ambulatory basis. This constitutes quite a saving in hospitalization costs as well as making more hospital beds available for other types of patients. Clinics in gaols and detention homes are held twice a week with the exception of the Provincial Gaol, Portage la Prairie, where daily attention is given.

The policy of bringing Indians into the St. Boniface Hospital Annex for treatment continues and this is proving satisfactory. There has, however, been no mass blood testing in the past year and not so many are coming in to be examined.

**Professional Education:** continues on an extensive basis as in 1948. Instruction and lectures are given to fourth year medical students and nurses from St. Boniface, Winnipeg General and Grace Hospitals. The time devoted to this work is approximately 75 hours. Demonstrations to visiting doctors and other nurses are given from time to time. Lay education is attended to principally by the Bureau of Health and Welfare Education. Physicians are availing themselves of our consultant service to a greater extent than ever before.

**Conference:** The Fourth Federal-Provincial Conference of Venereal Disease Control Directors was held in Ottawa in February, 1949. The director of this bureau attended the conference. It was the unanimous opinion of all directors that the Federal Health Grants for venereal disease control be allotted on a dollar for dollar matching basis and recently we have been informed that this has been approved by the federal authorities. The Notification of Venereal Infection card has been changed in minor details through recommendations made at this conference.

A Weekly Report on the "Facilitation Process" is sent to the City Police, Health Officer and License Inspector. There has been no noteworthy change in conditions relative to the spread of venereal disease. We have had very little difficulty with bawdy houses and this is chiefly due to the splendid co-operation of the City of Winnipeg Police Department and other police forces.



Pre-marital blood testing continues to function smoothly and thirty-one previously unknown syphilis cases have been discovered. This test is of definite educational value.

Contacts to venereal infection and following up treated cases to detect relapses are two of our greatest problems. However, epidemiological methods employed have proven quite effective.

Defaulters from treatment or post treatment observation who were followed up numbered 648.

Patients who changed physicians numbered 82.

There has been no change of personnel in the bureau during 1949 with the exception of one stenographer.

STATISTICS

Table I. refers to 1,426 cases of gonorrhoea and 407 cases of syphilis reported to this bureau for the year 1949. This indicates a decrease of 52 cases of gonorrhoea and 91 cases of syphilis.

Table II. refers to syphilis classified as to type. Primary and Secondary Syphilis decreased by 26 cases—i.e., from 149 to 123 cases.

Table III. shows that gonorrhoea and syphilis are still decreasing in the age groups 0-17 years—i.e., gonorrhoea by 20 cases and syphilis by 7 cases.

Table IV. refers to the investigation of alleged sources and contacts of venereal disease of which 84% of those on whom there was sufficient information were located and examined. It will be noted that there was a decrease of 86 cases from 1948—i.e., from 1,259 to 1,173.

Table V. refers to persons examined after being apprehended on the Minister's Order Form IVA. of the Venereal Disease Regulations under "The Public Health Act". There were, during 1949, fourteen such cases apprehended, examined and detained for treatment where necessary, as compared to 14 in 1948.

TABLE I.

GONORRHOEA AND SYPHILIS—REPORTED CASES BY SEX AND MARITAL STATUS—MANITOBA 1949

18 Years and Over	Gonorrhoea		Syphilis		Totals	
	Male	Female	Male	Female	Gonorrhoea	Syphilis
Married .....	199	137	116	67	336	183
Single .....	707	213	111	43	920	154
Widowed .....	14	9	11	11	23	22
Divorced or separated ....	50	49	25	9	99	34
<b>Children</b>						
0-17 years .....	14	34	4	10	48	14
	—	—	—	—	—	—
TOTAL .....	984	442	267	140	1,426	407
Per 1,000 population .....	1.83		.52		2.35	

TABLE II.  
**SYPHILIS—CLASSIFIED BY TYPE AND ACCORDING TO SEX AND AGE—  
MANITOBA, 1949**

	ADULTS		CHILDREN		Total
	18 Yrs. and Over Male	Female	17 Yrs. and Under Male	Female	
Primary Syphilis ....	67	13	—	1	81
Secondary Syphilis .....	16	24	—	2	42
Other .....	152	78	—	2	232
Not specified .....	22	15	—	1	38
Congenital .....	5	1	4	4	14
TOTAL .....	262	131	4	10	407

TABLE III.  
**GONORRHOEA AND SYPHILIS—REPORTED CASES BY AGE GROUP—  
MANITOBA, 1949**

AGE	Gonorrhoea		Male	Syphilis		Totals	
	Male	Female		Female	Gonorrhoea	Syphilis	
Under 1 year .....	—	—	1	—	—	1	
1- 4 years .....	2	5	2	2	7	4	
5- 8 “ .....	—	3	—	2	3	2	
9-13 “ .....	1	3	—	—	4	—	
14-17 “ .....	11	23	1	6	34	7	
18-19 “ .....	42	62	2	9	104	11	
20-29 “ .....	617	268	56	46	885	102	
30-39 “ .....	196	55	52	28	251	80	
40-49 “ .....	86	15	46	21	101	67	
50-59 “ .....	23	5	56	13	28	69	
60 years and over .....	7	2	51	13	9	64	
TOTAL .....	985	441	267	140	1,426	407	

TABLE IV.  
**TOTAL ALLEGED SOURCES OF AND CONTACTS TO VENEREAL DISEASE  
REPORTED TO THE DEPARTMENT OF HEALTH AND PUBLIC  
WELFARE—MANITOBA 1949**

	(A) Reports received from Armed Services	(B) Reports received from all other sources	(C) TOTAL REPORTS
Positive G.C. ....	23	435	458
Positive Syphilis .....	3	49	52
Positive, Both .....	—	15	15
Negative V.D. ....	13	281	294
Not located or refused examination .....	22	177	199
Insufficient information for examination .....	22	133	155
Sufficient information .....	39	—	—
TOTALS .....	61	1,090	1,173



TABLE V.

PERSONS APPREHENDED FOR EXAMINATION ON MINISTER'S ORDER  
 FORM IVA.—MANITOBA, 1949

	Positive	Male Negative	Positive	Female Negative	Total
Syphilis .....	9	1	3	—	13
Gonorrhoea .....	—	—	1	—	1
Gonorrhoea and Syphilis .....	—	—	—	—	—
TOTAL .....	9	1	4	—	14

PRE-MARITAL BLOOD TESTING

It was found by means of 15,587 pre-marital blood tests done during the year, 38 persons were infected with syphilis. This is a rate of 2.44 per thousand. One of these 38 indicated the infection to be congenital and in 37 the infection was acquired. Seven of the acquired cases were previously known to this bureau. We, therefore, discovered 31 formerly unknown cases by means of the pre-marital blood test.

Six of the seven cases previously known to the bureau were again placed on treatment and one is under observation only.

Twenty-eight of the 31 cases not previously known to the bureau have been placed on treatment; no treatment was recommended for one; one is still under investigation, and one has disappeared.

Twenty-six of the 38 persons, whose tests were reported positive for syphilis, proceeded with the marriage; 11 postponed their marriage, and one disappeared.

VENEREAL DISEASE CLINICS—MANITOBA, 1949

Detention Home .....	West Kildonan
Home of the Good Shepherd .....	West Kildonan
Manitoba Home for Girls .....	West Kildonan
Brandon Gaol .....	Brandon
Portage la Prairie Gaol .....	Portage la Prairie
Provincial Gaol .....	Headingley
Manitoba Penitentiary .....	Stony Mountain
St. Boniface Hospital—O.P.D. ....	St. Boniface

**St. Boniface Clinic:** There were at the St. Boniface Hospital Clinic 684 patients carried over from 1948 for medical care or observation; 574 for syphilis and 110 for gonorrhoea.

Nine hundred and thirty patients with a venereal disease reported during the year ending December 31st, 1949, to this clinic, and of these, 186 were suffering from syphilis while 744 were suffering from gonorrhoea, classified as follows:

Total number of patients treated, including those carried forward and those admitted during the year, numbered 1,614: of which 760 were suffering from syphilis and 854 were suffering from gonorrhoea.

**Detention Homes:** Patients treated in detention homes and gaols numbered eighty-eight: of which twenty-two were for syphilis and sixty-six for gonorrhoea.

There was a total of fourteen thousand seven hundred and forty-eight laboratory specimens taken at the various clinics.

I would like in closing to express my thanks to all members of the staff who have worked so diligently throughout the year. Also I would like to express my appreciation to members of all other divisions of the Department of Health and Public Welfare for their generous co-operation.

Respectfully submitted,

K. J. BACKMAN, M.D.,

Director, Venereal Disease Control.



# Bureau of Maternal and Child Hygiene

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Dr. Maxwell Bowman, D.P.H.,  
Director, Preventive Medical Services,  
Department of Health and Public Welfare,  
Province of Manitoba.

Sir:

The following report on the activities of the Bureau of Maternal and Child Hygiene for 1949 is herewith submitted.

## **CRIPPLED CHILDREN**

**The Crippled Children's Survey:** The main activities of the Bureau of Maternal and Child Hygiene for the year 1949 have been in connection with the Crippled Children's Survey. A Crippled Children's Registry was set up in the Department of Health and Public Welfare in 1944. It was decided, as a result of the Dominion Government Grant for Crippled Children in 1948, to re-investigate all known cases on the Crippled Children's Register to determine the extent of the crippled children's problem in Manitoba at the present time. It was, in addition, the purpose to discover as many new cases as possible.

The preliminary investigation of known cases began in September, 1948. This investigation was possible only through the full co-operation of the local health units and the Nursing Division of the Winnipeg City Health Department. The nurses in these fields did the actual visiting and obtained information on each individual case. They also found, in the course of these visits and by other means, many new cases on which information was received and these were added to the register.

We endeavoured to obtain information on children living in rural districts not served by full time local health units by writing to the parents of children registered and requesting information with regard to the child's present condition and whether or not treatment had been received or was still required.

Certain hospitals, particularly those with pediatric departments, were asked for information on children coming under the classification of crippled children. These in turn were visited by public health nurses to ascertain their present condition.

It was apparent, from information thus received, that a large number of children required examination by competent physicians and surgeons to determine whether treatment was required and, if so, what type of treatment was needed. It was decided, therefore, that a number of diagnostic clinics, staffed by certified pediatricians and orthopaedic surgeons, should be held at selected points throughout the province.

All certificated orthopaedic surgeons practising in Winnipeg signified their willingness to assist at these clinics and the majority of the pediatricians were equally co-operative.

A public health nurse was assigned, in April, 1949, to this bureau to assist in the organizing and conducting of diagnostic clinics. Her services were employed mainly in the areas not served by local health units. The personnel in local health unit areas co-operated by arranging appointments, transportation of patients when necessary, and by placing their unit quarters at the disposal of the clinics.

Twenty-six clinics for crippled children were held, the first of these being at the Children's Hospital, Winnipeg, on April 25th, 1949, followed by others at Brandon, Killarney, Portage la Prairie, Neepawa, Shoal Lake, Dauphin, Swan River, Flin Flon, Beausejour, Selkirk, Altona, Morden, Carman, Steinbach and Eriksdale. The last clinic of this series was held in Winnipeg on October 17, 1949.

Clinics were held in hospitals and local health unit buildings and local X-ray facilities were used. Four hundred and fifty-six children, under the age of twenty-one years, were examined by certified pediatricians and orthopaedic surgeons. A physio-therapist on loan from the Children's Hospital did muscle tests when necessary and gave instructions as to exercises. X-rays were done on seventy-five children. Quite a number of hospitals did not have X-ray technicians and, in these cases, the services of a Department of Health and Public Welfare technician were made available. Other laboratory tests, such as blood counts and hemoglobin estimations, were done. Several cases at one clinic were also examined by an ophthalmologist, while at another clinic a psychiatric examination was made on one child.

Three hundred and forty-five of the four hundred and fifty-six children examined had received previous treatment or examination; one hundred and eleven had apparently not had previous treatment, and sixty children were under supervision at the time of examination, either at an Out-patient Department or privately. A large percentage of this number were referred to the clinic for consultation by their own physicians, while in other instances patients already under supervision were examined at the request of their parents.

One hundred and eighty-seven of these children had previously been listed on the Crippled Children's Register and two hundred and sixty-nine were newly reported or referred direct to the clinics by physicians or public health nurses.

The summary of recommendations is as follows:

<b>Number of children examined .....</b>	<b>456</b>
Surgical Treatment:	
(a) May be required later .....	26
(b) Immediate or within 2-3 years .....	97
Other Therapy:	
This includes physiotherapy, orthopaedic appliances, plasters, etc. ....	112
Psychiatric and Psychometric Assessment .....	43
Other investigations—Medical or Surgical .....	46
Admission to hospital .....	110
Other institutions—Mental or Tuberculosis .....	11
Spastic centre training .....	31
Occupational Therapy .....	3
To continue under present or previous supervision .....	50
Cured .....	24
Treatment of no benefit .....	38
No further treatment indicated .....	46
Re-check or observation .....	34

**Follow-Up:** A certain amount of follow-up work has been done by the nursing staff of local health units and by the Public Health Nurse engaged for the Crippled Children's Survey. Several cases have been referred to agencies such as the Junior Red Cross, and the Shriners' Hospital for Crippled Children, while some have been admitted to the public service ward of the Children's Hospital and others have further consulted orthopaedic specialists or other specialists privately.



Several of these cases have already been seen by the Director of the Child Guidance Clinic at Brandon and several other children are scheduled for examination relative to recommendations for psychiatric and psychometric assessment.

**The Crippled Children's Register:** This Register now contains approximately thirteen hundred and ninety-seven children. Seven hundred and thirty-six of these were known to us previously, while six hundred and sixty-one have been reported since the survey began. Three hundred and sixty-four children live in the City of Winnipeg and suburbs; the other one thousand and thirty-three children live in the towns and rural districts of Manitoba.

It is interesting to note that, out of the four hundred and fifty-six children examined, only twenty-six were from Winnipeg suburbs. It was assumed, from preliminary investigations carried out by public health nurses, that practically all crippled children in Winnipeg and suburbs were receiving treatment or were under medical supervision.

There has been no provision made for treatment of any children requiring treatment.

**Cerebral Palsied Children:** Although a number of children with Cerebral Palsy were examined at the diagnostic clinics for crippled children, a special clinic for these children was set up at the Children's Hospital in April, 1949, and clinics were held at weekly intervals until November. Two children were seen at each clinic and examination included a very comprehensive history, examination by a pediatrician, psychologist, orthopaedic surgeon and neurologist, in addition to skull X-rays, blood Wassermans, R.H. factor, etc. Electro encephalograms were also done on a number of children but, owing to the costly nature of this examination, these were discontinued pending other arrangements.

Fifty-one children, ranging in age from two to twenty years, were examined from April 6th, 1949, to November 3rd, 1949. Appointments were arranged through the Bureau of Maternal and Child Hygiene and candidates for these clinics came from the City of Winnipeg, the suburban local health units of St. James, St. Vital, St. Boniface, Kildonan-St. Paul, as well as from the Stonewall and Selkirk Local Health Units and other rural areas.

Seven of the fifty-one children examined were found to have a condition other than cerebral palsy, i.e., congenital deafness, microcephaly, mental defect, etc. Six others were not classified.

Treatment recommended was as follows:

(1) Physiotherapy .....	14
(2) Speech Therapy .....	9
(3) Treatment recommended but not specified .....	19
(4) Surgery—now or at a later date .....	7
(5) Institutional care .....	3
(6) Re-assessment later .....	7
(7) Child Guidance .....	1
(8) Trial Therapy .....	2
(9) School For The Deaf .....	1
(10) Ordinary Activities .....	1
(11) No recommendations .....	4
(12) Treatment likely of no value .....	2



A nursery school ward was opened in November at the Children's Hospital to which six children with Cerebral Palsy were admitted. They are collected by car every morning and are taken home again in the afternoon. The ward vacated by the Shriners' Hospital for Crippled Children has been fitted up for this purpose.

The Kinsmen Club has assumed the financial responsibility for the equipping and maintenance of this ward.

The cost of the Crippled Children's Survey, including the cost of the "spastic" clinics at the Children's Hospital, is estimated at approximately \$11,000.00.

### **SERVICES FOR THE NEWBORN AND PREMATURE INFANTS**

**Incubators:** The Director of the bureau in 1948 visited all general hospitals in the province, with one or two exceptions, in order to get first-hand information on hospital facilities for maternity patients and newborn infants.

Facilities for the care of the newborn, and particularly prematures, were found grossly inadequate in most instances. There was overcrowding in most nurseries and very few nurseries conformed to modern standards of construction and equipment. Provision for the adequate care of the premature baby was conspicuous by its absence in many hospitals. Most hospitals care for premature babies in the nurseries for the normal newborn, making it impossible to provide the special environment necessary for the successful care of the premature baby. Incubators for the care of the prematures were entirely lacking in a number of hospitals and in others they were inadequate for the number of premature babies requiring special care.

A project which would provide incubators for hospitals was prepared under the Dominion Health grant. This project was approved and seventy-nine incubators were purchased, of which sixty-eight have already been distributed with the remainder being held in storage for new hospitals now under construction.

Every hospital and medical nursing unit in Manitoba, with the distribution of these incubators, is now provided with this type of equipment.

**Nurse Consultant to Hospitals:** Competent and experienced nursing care is the most important factor in the successful care of these babies, although physical facilities are important in the care of the newborn and premature infant. It was felt that here also there was much room for improvement. We find in only a few of the larger teaching hospitals nurses with specialized training in pediatrics and the care of the newborn and premature infant. It is found necessary in some hospitals to assign practical nurses to these services who have had no previous training in obstetrics or the care of the newborn.

A project was submitted for a nurse-consultant who would be available to hospitals for consultation and advice regarding the care of normal newborn and premature infants, as a modest beginning to improve services for the care of the newborn and prematures in hospitals. She also would assist in the planning of in-service training for nurses in the newer aspects of maternal and child care. This project was approved but, owing to the shortage of trained nursing personnel, it has so far been impossible to fill this position and to begin this very important service.

**Nursery Plans:** The Director of this bureau has assisted in an advisory capacity in the planning of the nursery units in new hospitals and medical nursing units that were constructed during 1949, and will continue to do so for any future new hospital construction.



### **HOSPITAL MANUAL**

The Manitoba Hospital Council is compiling a hospital manual for use in hospitals throughout the province. This bureau was requested to prepare a section on maternity and nursery services giving a concise outline of recommended and approved procedures to be used as a guide in the operation of obstetrical and newborn services in the hospitals throughout Manitoba.

It was felt that a selected committee of nurses should have an active part in the preparation of this section of the manual as the operation of obstetrical and newborn services is concerned mainly with nursing procedures. The Manitoba Association of Registered Nurses appointed a committee which has now completed the preliminary work on this section. It is anticipated that the manual will be ready for distribution by June of 1950.

### **CLINICS IN UNORGANIZED TERRITORY**

Clinics for mothers, children and infants were held in various unorganized territories during 1947 and 1948. The physician, conducting these clinics, resigned from the Department of Health and Public Welfare in December, 1948, and was not replaced. It has, therefore, been impossible to resume these clinics during 1949.

### **SPECIAL INVESTIGATIONS**

An epidemic of diarrhoea of the newborn broke out in the nursery of a Winnipeg hospital in September, 1949. A special committee, made up of representatives of the Department of Pediatrics, University of Manitoba; the Department of Pediatrics, Misericordia Hospital; the City Health Department; the Provincial Department of Health and Public Welfare, and the Provincial Bacteriological Laboratory, was appointed to investigate this outbreak. Ten babies developed diarrhoea and of these, five died. All babies born during the month of September in this hospital were investigated but no further cases of diarrhoea were discovered. Certain recommendations were made by this committee and, as a result, the maternity ward and nursery were closed immediately until these recommendations had been put into effect.

This bureau also assisted in other investigations which were requested.

### **MEDICAL EXAMINATION OF STUDENTS**

The annual physical examination of all students attending Normal School is a co-operative effort of the Department of Health and Public Welfare, including this bureau. These examinations include a physical examination, a dental check, blood Wassermans, urinalysis and a haemoglobin estimation.

Similar examinations were carried out on the students of the Faculty of Education.

Respectfully submitted,

ELLA L. PETERS, M.D.,

Director of Maternal and Child Hygiene.

# Bureau of Public Health Nursing

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Dr. M. R. Elliott, D.P.H.,  
Acting Director of Health,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Bureau of Public Health Nursing for the year ending December 31st, 1949.

I am pleased to report there has been less turnover of staff during the year, and we have been able to secure the necessary quota of nurses to fill all vacancies in the local health units but have not been able to give the nurses appointed the necessary period of induction training.

The nursing staffs of the local health units were kept up to strength during the year. An additional nurse was assigned to the St. James-St. Vital-Fort Garry Local Health Unit to serve the new district of Fort Garry; to the Dauphin Local Health Unit to serve in the Municipality of Gilbert Plains, and to the Swan Valley Local Health Unit.

## **PUBLIC HEALTH NURSING EDUCATION**

Two nurses secured bursaries for one year's post-graduate study.

Four members of the nursing staff, who have had years of experience in public health work, obtained bursaries to attend the summer session on advanced public health nursing at Minnesota University. The nurses were most enthusiastic and felt the course was well planned to meet their need. All four nurses took "A" standing in the examinations.

Fourteen members of the staff has not yet taken post-graduate study in public health nursing. We hope that this will be made possible for most of them in the coming year.

Miss Hart is on loan to the University of Manitoba for the second year as Director of the School Nursing Education. The school has not yet been established on a permanent basis. The nursing profession is hopeful that this may be accomplished in 1950.

A course of twenty lectures in Community Health was given to senior students of the St. Boniface School of Nursing, and to students of all other schools of nursing in the province outside of Greater Winnipeg.

This year an Alberta public health nurse taking post-graduate study at the University of Montreal requested field experience during the months of July and August.

A plan of organization and administration of the Bureau of Public Health Nursing was prepared for a Canadian nurse who was arranging a similar division for the Government of Pakistan.



EDUCATIONAL CONSULTANT AND CONFERENCES

**Bureau of Public Health Nursing:** Public health nursing education continued throughout the year. Conferences were planned for the nursing staff as a whole and for special groups to meet their needs.

A conference for the whole staff was held in the spring and included discussion of Body Mechanics in Nursing, and the use of the audiometer.

**Regional Conferences:** These were planned throughout the year and were held at Brandon, Dauphin and Winnipeg. Topics of current interest to the nursing staff in maintaining the quality of the work were discussed at these meetings.

**Student Advisers:** Meetings were held at regular intervals throughout the year to discuss the teaching process in relation to development of new staff nurses and students. These conferences were continued throughout the time when university students were receiving field practice.

**Supervisors:** Meetings were held from time to time with supervisory staff to plan the various teaching programs for which the nursing staff is held responsible.

**Revision of Records and Teaching Guides:** Nursing records have been revised as required and new records introduced. Revision of teaching guides has continued throughout the year and guides have been added as they were required.

**Introduction of New Staff Nurses and Students:** Introductory programs have been planned as required throughout the year to meet the needs of new staff nurses, university students, and students from schools of nursing. Field experience was provided for nine university students during May and June and for nine others throughout the year. Fourteen new staff nurses have been introduced and field visits of observation have been planned for senior students in schools of nursing in Manitoba.

**Curriculum Revision:** Work on the committee of revision of the health curriculum in elementary schools was continued.

**Visitors:** Public health nurses from other parts of the country and from other countries have visited from time to time to discuss the nursing service and the educational programs in effect.

**Teaching Units:** Visits of supervision have been made in the teaching units and conferences have been held with the nursing staff for discussion of development of service.

HEALTH SUPERVISION IN SCHOOLS

August 1, 1948, to June 30, 1949

(In districts not served by local health units)

Classroom inspections .....	394
Re-inspections .....	1,230
Number of treatments .....	872
Interviews with teachers .....	707
Classroom talks .....	302
Number of first examinations .....	738
Subsequent examinations .....	1,449
Examinations by physician, nurse assisting .....	36
Examination, parents present .....	23
Interviews with parents in school .....	21

## Suspected defective condition and symptoms:

Number with new defects .....	735
Teeth .....	876
Vision .....	127
Eye defects .....	22
Hearing .....	2
Discharging ears .....	4
Defective nasal breathing .....	24
Enlarged glands .....	140
Enlarged tonsils .....	413
Diseased tonsils .....	115
Thyroid enlargement .....	28
Orthopedic defect .....	7
Pediculosis .....	10
Skin condition .....	33
Number of children excluded from school: .....	48
For suspected communicable diseases .....	14
For suspected pediculosis .....	7
For suspected skin condition .....	22
For suspected eye condition .....	4
For other causes .....	1
Number of school children referred for treatment .....	1,211
To private physicians .....	517
To clinics .....	7
To health officer .....	18
To dentist .....	669
Total number of defects of children known to have been corrected .....	746

**WORK CARRIED ON IN THE COMMUNITY**

January 1 to December 31, 1949.

Total number of visits made for the purpose of giving health instruction and demonstrations .....	2,104
Classification of Service Rendered:	
Adult visits .....	680
Prenatal and postnatal care .....	173
Birth registration visits .....	58
Infant welfare .....	412
Care of children of pre-school age .....	330
Care of school children .....	522
Care and prevention of communicable disease .....	314
Number of social medical cases dealt with .....	24
Total number of persons, other than school children, referred for treatment .....	223
Number of meetings attended by nurses in connection with Public Health work .....	32
Number of interviews in connection with Public Health work by nurses in their respective districts .....	146
Number of health clinics held .....	49
Number of dental clinics held .....	11
Attendance of infants and pre-school children at clinics .....	415
Number of consultations .....	419



PUBLIC SERVICE NURSING

The Rorketon Nursing Station was closed from June to December because of shortage of nursing staff. A nurse experienced in visit-nursing is now giving a very satisfactory service to the people in this area. We were forced to close the Fisher Branch Nursing Station in June as the building was sold. However, plans are being made to reinstate the service until such time as the Red Cross Outpost Hospital is opened.

	Patients seen	Consulta- tions	Number treated	Home visits	Time spent in home visits
Fisher Branch (6 months)....	662	444	218	152	162¾ hours
Grahamdale .....	746	478	268	284	281¾ hours
Lawrence (7 months) .....	224	130	94	78	66½ hours
San Clara (9 months) .....	638	40	598	156	245¼ hours

Health Clinics held at:	Patients seen	Consultations	Treated
Grahamdale .....	687	317	370
Lawrence .....	127	76	51

CLINICS

Immunization clinics were held in:

**Municipalities and other incorporated areas of:** Morris, MacDonald, Springfield, Boissevain, Pilot Mound, Victoria, Lorne, Morton, Louise, Tuxedo, St. Charles, Charleswood, LaBroquerie, Whitemouth, and Transcona.

**Unorganized districts of:** Grahamdale, Fisher Branch and Lawrence.

Classification of services rendered:

- (1) Assisted physicians with immunization of pupils and pre - school children to protect them against:
- (a) Diphtheria .....

(b) Whooping Cough and Diphtheria (combined) .....

(c) Whooping Cough .....
- (2) Assisted physicians with vaccination of pupils and pre-school children `

WORK OF THE CONSULTANT IN TUBERCULOSIS NURSING

I wish to draw attention to the fact that unless district records show evidence of greater nursing activity in the tuberculosis field, one of two things is happening: Enough time is not allowed for tuberculosis in the unit work schedule, or the nurses are depending too much on their own memories, to be doing adequate teaching or health supervision.

Adequate records are essential for continuity of service and teaching over a long period, as is necessary for tuberculosis, if the public health nurse is to carry on a constructive teaching program, moving on from one objective to another until each family is well enough informed to take over the responsibility for their own health and dietary habits. It is only by consulting records on which information is properly and fully entered that such a constructive plan can be put into effect. If this is done then not even a change of nurses need cause a break in this teaching program.

No teaching or supervision is being done outside local health unit districts except in the area served by the Grahamdale Nursing Station. This past year even chest clinics held outside these districts have had to depend on what might be called very casual nurse service. If an experienced public health nurse could take charge of chest clinics, she might be able to do some small measure of advising at the time of the clinic, but it needs an experienced nurse with some knowledge of tuberculosis to take advantage of opportunities offered and to seek out such opportunities.

This clinic program outside of local health unit areas should be preceded by a public health nurse visiting the homes, explaining the purpose of the clinic and looking for sick people in need of medical advice. Each clinic should be followed also by a public health nurse, again visiting in the homes, explaining the findings of the clinic and the implications of medical reports. She should be available to help plan ways and means of carrying out advice given and to teach healthful routines and proper diets. It is only in this way that such a case finding program can be really effective and of use to the people served.

**Tuberculosis Clinics and Surveys:** Public health nurses assisted at 33 clinics and surveys held in areas not served by local health units. These were held at Carman, Vita, Alonsa, Minnedosa, Shoal Lake, Eriksdale, St. Lazare, Altona, Ste. Rose, Grandview, Winnipegosis, Ashern, Grahamdale, Vogar, Fisher Branch, Arborg, Roblin, Russell, Morden and Somerset.

**WORK OF THE CONSULTANT NURSE AND STAFF OF THE VENEREAL  
DISEASE SECTION IN CONNECTION WITH VENEREAL DISEASE  
CLINICS HELD IN ST. BONIFACE HOSPITAL, MANITOBA  
HOME FOR GIRLS AND HOME OF GOOD SHEPHERD**

Number of clinics attended by nurses .....	612
Attendance at clinics .....	12,898
Number of treatments given at clinics .....	9,246
Number of interviews .....	4,824
Number of home visits .....	3,752
Number of hospital ward interviews .....	1,418

During 1949, 924 patients were admitted to the clinic, a decrease of 87 from preceding year.

It is encouraging to note that the number of children suffering from venereal disease has been very much reduced. Rarely is a child, requiring treatment, admitted to the clinic.

A public health nurse has attended the detention homes for girls twice a week for treatment of those infected.

Forty-two nurses visited the clinic during the year. These consisted of new members of the Provincial nursing staff, student nurses and nurses taking post-graduate courses in public health; several doctors visited the clinic, and Dr. Backman, Director, discussed our program with them.

Fifty-five women, taken up on a charge of vagrancy (in some cases also on other charges), were brought in by the police for examination during the year. Twenty-two were found to be suffering from gonorrhoea and five from syphilis and were treated either in the Annex or at Portage Gaol. This type of person is still a serious problem in the control of venereal disease infections. Our quota of fifteen beds per day in the Annex was rarely filled during the year. However, we were never without some indoor patients.



There were 45 confinements in the Annex during 1949. Twenty-three of these were unmarried mothers. Twenty-three of these maternity cases were either suspected of or suffering from a venereal disease infection. There was one pregnant unmarried girl positive for both gonorrhoea and syphilis who was admitted on a "boarder basis". This service has really been discontinued but, as this girl presented a serious social problem, the hospital made an exception in her case. This was a very much appreciated service and we would be glad if it were in operation again,—especially for cases such as the foregoing, where there is a difficult social problem as well as a medical one.

The follow-up of service men who contracted venereal disease during the war is practically finished.

During the year 3,752 home visits were made to delinquent patients and alleged contacts of venereal disease infection.

### **REPORT OF INSTRUCTOR OF HEALTH EDUCATION IN THE PROVINCIAL NORMAL SCHOOL**

There was an enrolment of six hundred and two students at the Student Teachers' Summer School, held during July and August. Eight 45-minute periods of formal classroom instruction were given to each of the twelve classes at this six weeks' session.

An attempt was made to give these young people some information regarding personal health and its importance to the teacher; school sanitation; control of communicable disease; simple first aid measures; and the school lunch program. Perhaps the most important thing the students learn is that health education in the primary grades is developed through teaching of actual health practices which can be carried out in the classroom. Many students sought counsel regarding personal problems.

Three hundred and fifty-two students attended the regular Normal School session this year. The students were divided into nine classes, and each class met with the health education instructor for two formal class periods a week. It was possible occasionally to obtain an assembly period of the whole student body for showing of films or an address by a special speaker. Dr. Friesen, of the Cancer Relief and Research Institute, and Mr. Rutledge, Central Tuberculosis Clinic, addressed the students during the fall term. The discussion periods following these addresses gave indication of the deep interest aroused by the speakers, and we are grateful to Dr. Friesen and Mr. Rutledge for giving this instruction.

One important part of the regular classroom work is the field program. Seven field trips were taken to various industries and institutions, followed by classroom reports and discussions. The one which stimulates the greatest amount of interest is the trip to the Canadian National Institute for the Blind. An evening's entertainment including a concert and dance is arranged following this trip by the Health Education Class Committee, for the Social Club of the Blind. The number of students privileged to attend has been limited to about forty in the past, because of the limited space in the auditorium of the Canadian National Institute for the Blind. This year a greater number can be accommodated in the new residence for the Blind. Lunch is provided through the kindness of Mr. Moorhead, Principal of the school. The Normal School students have the satisfaction of knowing they are bringing happiness to a group of handicapped people, as they talk, sing and dance with the members of the Social Club. This is one way of illustrating the manner in which a school can reach out into the community.

Classes are given instruction in sex hygiene at evening periods during the winter months, in addition to the regular classroom instruction in health education. The students are first given assigned reading and then discussion groups are conducted, the health education instructor leading the girls' groups, and Dr. Maxwell Bowman, of the Division of Health, leading the boys' groups. Attendance at these classes is not checked, but very few students are absent. The subject is dealt with from the viewpoint of the young adult, and also as answers to children's questions.

A physical examination is given each student early in the fall term by doctors from the Department of Health and Public Welfare, including a chest X-ray and immunization. The classroom organization for these examinations is done by the members of the health education class committee, under the guidance of the health education instructor. Public health nurses, who work with the doctors in the physical examinations, are assisted where possible by the committee members. This also is used as a practical demonstration of the teacher's responsibility in regard to similar work in the school and community.

Each student has the opportunity of reviewing their physical health record with the health education instructor following the physical examinations. Many students are interested in these records, although for the most part they show little deviation from the normal. This year, due to the fact that the students do not have a spare class period during the day, these interviews are carried on after regular classroom hours—chiefly during the evening. The average time spent with each student is about twenty minutes.

PRACTICAL NURSING

The number of meetings during the year were as follows:

Advisory Council—Regular meetings .....	5
Special meetings .....	1
Curriculum Committee .....	9
Licensing Committee .....	8
Instructresses and Superintendents of Hospitals training Practical Nurses .....	2
Committee re Displaced Persons .....	4
Matrons of Winnipeg Nursing Homes Association .....	1
The number of Licenses issued .....	114
The number of Special Licenses issued .....	45
The number of Licenses renewed .....	348
License revoked on advice of the Advisory Council .....	1

Licensing examinations have been conducted by the Registrar or Instructress in all affiliating institutions of the Central and St. Boniface Schools for Practical Nurses.

Graduates of the approved course in Practical Nursing .....	76
(23 of these were Special Licenses).	

Registration of Students 1949:

Central School .....	59
St. Boniface School .....	31
Selkirk Hospital for Mental Diseases .....	15
Total for year .....	105



Over 500 booklets of information re practical nurse training have been sent in answer to requests.

The Central School is being moved from William Avenue to new quarters at the Manitoba Technical Institute on Portage Avenue, Winnipeg.

Twelve conferences with the Instructresses of the three training schools have been held to discuss problems; and to revise and compile records and manuals.

A Placement Bureau for Practical Nurses is needed. The advisability of one placement bureau for all nursing personnel is being studied by a joint committee of the Manitoba Association of Registered Nurses and the Manitoba Association of Licensed Practical Nurses.

The Registrar has attended all committee and special meetings held throughout the year.

Number of interviews .....	256
Number of consultations .....	68

### **CRIPPLED CHILDREN'S SURVEY**

An experienced nurse was assigned to the Bureau of Maternal and Child Hygiene in April to help with the survey of crippled children throughout the province. Her duties were to assist in planning for diagnostic clinics through visits to local physicians and officials; to arrange for children to attend the clinic; to assist at the clinics; and to do some follow-up visiting in special cases in districts not served by local health units.

### **HEALTH SUPERVISION OF MATERNITY HOMES, CHILD CARING INSTITUTIONS, BOARDING HOMES FOR THE AGED AND INFIRM IN DISTRICTS NOT SERVED BY LOCAL HEALTH UNITS**

<b>Children's Institutions:</b> Visits made .....	3
<b>Maternity Homes:</b> Visits made .....	23
<b>Homes for Aged and Infirm—</b> Visits made .....	4

### **FIELD SUPERVISION**

Total number of visits of inspection and instruction made to nurses .....	192
Total number of staff and student conferences attended .....	91
Total number of meetings attended re Public Health work .....	12
Total number of lectures given in Community Health to students in schools of nursing .....	20

### **RETIREMENT**

Miss M. Gemmell retired on disability pension in November after twenty-eight years of active service. Miss Gemmell was well known throughout the province, and has been very much missed by members of the medical profession with whom she worked for the past twelve years at special clinics.

One is struck, on reviewing the list of seven nurses who have retired from the service to date, by the fact that only one nurse was in good health and able to carry on in the district work up to the time of retirement at sixty-five years. It would

appear that after at least twenty years' service the work becomes too strenuous, especially in the winter months, for women over sixty years of age. The problem is a serious one; it does not seem good practice to have nurses who are not physically well, yet not sick enough to be on sick leave, engaged in doing health education, health supervision of children in the schools and homes, and assisting at disease prevention clinics. One hopes that some solution will shortly be found to meet this problem.

ADMINISTRATION

The staff and responsibilities of the Bureau of Public Health Nursing increase as the health services of the Department continue to expand. The past year has been a very busy one and I wish to record my thanks to supervisors, nursing staff and stenographers, who have so loyally and efficiently discharged their duties. It has been a privilege to work with them.

Miss F. Ditlovitch, who had served so efficiently as senior stenographer for 18½ years, left in January to be married. Miss D. Porter was appointed to the position.

Meetings attended by Director of Public Health Nurses as representative of the bureau .....	61
Addresses given on Public Health Nursing .....	11
Number of nurses on the staff, December 31st, 1948 .....	55
Number of nurses resigned during 1949 .....	8
Number of nurses superannuated .....	1
Number of nurses on leave for post-graduate study .....	4
Number of nurses on permanent staff, December 31st, 1949 .....	36
Number of nurses on temporary staff, December 31st, 1949 .....	24

We tender to you, Sir, our thanks for the courtesies extended to us and our appreciation of the keen interest you have shown in our difficulties and progress.

Respectfully submitted,

ELIZABETH A. RUSSELL,  
Director of Public Health Nurses.



# Section of Provincial Laboratories

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Dr. M. R. Elliott, D.P.H.,  
A/Director of Health,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

Herewith a report on Laboratory Services for the year 1st January, 1949, to 31st December, 1949. A somewhat different arrangement of this report from that of former years has been made. It has been thought advisable, with the widening scope of laboratory services in the province, to attempt a division between public health investigations and those essentially associated with clinical diagnostic services. The Winnipeg laboratory is concerned almost entirely with public health bacteriology, the laboratories at Portage la Prairie, Dauphin and Selkirk are engaged exclusively in clinical pathology, and the laboratory at Brandon Hospital for Mental Diseases participates in both branches. The reports concerning the various laboratories follow:

## PROVINCIAL BACTERIOLOGICAL LABORATORY, WINNIPEG

	Number of Specimens
Examinations of water and ice (bacterial counts, cultures for coliform organisms, etc.) .....	7,549
Examinations of milk and cream (bacterial counts, phosphatase tests, etc.) .....	1,670
Serological tests for syphilis (not including pre-marital tests) .....	80,707
Serological tests for syphilis (pre-marital) .....	14,568
Examinations of throat and nasal swabs, etc., for the presence of diphtheria bacilli and haemolytic streptococci .....	1,729
Virulence tests .....	12
Examination of smears for gonococci .....	3,251
Examination of cultures for gonococci .....	1,158
Examination of sputum for tubercle bacilli (smears and cultures) .....	171
Miscellaneous examinations for tubercle bacilli (urine, spinal fluid, gastric contents, etc.) .....	152
Agglutination tests on specimens of blood for typhoid fever and dysentery .....	532
Agglutination tests of specimens of blood for undulant fever .....	577
Agglutination tests on specimens of blood for rickettsia and tularaemia ....	66
Cultures of blood, faeces, urine, etc., for the detection and identification of typhoid, paratyphoid and dysentery bacilli .....	1,138
Examination of cerebro-spinal fluid .....	381
Agglutination tests for heterophile antibodies (infectious mononucleosis) .....	329
Miscellaneous examinations of food and drinking products .....	62
Sterility tests—milk bottles, etc. ....	17
Miscellaneous examinations (fungi, wound infections, actinomycosis, internal parasites, malaria, etc.) .....	211
Haemoglobin estimations—Normal School and Faculty of Education students .....	394
Undulant fever survey. Agglutination tests for brucella abortus .....	675
<b>Reference Laboratory:</b> Swabs and cultural for isolation of organisms, bacteriophage typing and sensitivity tests .....	6,690



**Water and Milk Examinations:** The number of specimens examined in 1949 was almost double that of the previous year. The great increase in this branch of laboratory work appears due largely to the activities of the local health units, since a great many of the samples received are sent in from areas where these units are established. All specimens of well water, in addition to the routine tests, since October, have been examined for excessive nitrate content, since it has recently been found that the presence of this impurity may produce a serious condition (methaemoglobinaemia) in very young infants when water containing large quantities of nitrate is used for making up artificial feedings. This unsatisfactory condition has been found to exist in many wells throughout the province and is at present the subject of a special investigation by the Section of Environmental Sanitation. A committee composed of individuals concerned in milk testing and control was set up during the year, and as a result of the activities of this committee, it is hoped that uniform methods of milk examination will be adopted throughout the province.

**Syphilis Serology:** Kahn tests have been carried out since May, 1949, on all Wassermann positive specimens, thus making an additional check on the accuracy of this type of work.

**Investigations concerning Typhoid Fever and Dysentery:** Considerably more work was done in this section than in the previous year. This was largely the result of work carried out in connection with small typhoid outbreaks on two Indian Reserves, and an outbreak of dysentery in a large institution. Typhoid and paratyphoid bacilli were isolated on 45 occasions, whilst dysentery bacilli were found in 28 specimens.

**Reference Laboratory:** Late in 1948 a Bacteriological Reference Laboratory was established, the function of which is to investigate special current problems, devise new methods and check on techniques already employed. An epidemic of staphylococcal infections, which continued with increased severity from the previous year, formed the major part of the work during 1949. A tremendous volume of work was carried out, including the examination of material from abscesses, infected wounds, skin lesions and throat and nasal swabs from mothers, babies and hospital personnel. Over 6,600 specimens in all were examined. The Reference Laboratory was invaluable in establishing the possible source of infection and proving that the outbreak was due to one particular type of staphylococcus. Sensitivity tests, using various antibiotics, were introduced during the year, thus giving the practising physicians a definite guide as to which antibiotic would be most effective in the treatment of the infections. Sensitivity tests, as a result of the technique evolved, are now performed in the Reference Laboratory when deemed advisable, and many physicians are sending in specimens specifically for these tests.

The result of this investigation was published by Dr. J. C. Colbeck, who was director of Laboratories until he resigned in August, in a paper which appeared in the Canadian Medical Journal in December, 1949, and was widely used in another publication dealing with the outbreak in one of the Winnipeg hospitals.

The epidemic, at the beginning of 1949 appeared to be localized to Winnipeg, but by the end of the year it was obvious that the infection was spreading to other parts of the province, probably by means of carriers who had been in contact with the infection in the city. The investigation into these staphylococcal infections is still proceeding.

An investigation was commenced at the end of the year into cultural methods for the isolation of gonococci.

It is hoped that eventually the Reference Laboratory will be expanded to include Clinical Bio-chemistry with functions similar to those of the bacteriological unit of the laboratories.



**Training of Technicians:** Two student technicians applied for temporary employment in the Central Laboratory during the summer months. One of these students returned to the University of Manitoba to complete her degree in Medicine, while the other is still employed at the laboratory and shows great promise. Several trainees in Medical Technology from local hospitals have received short periods of training in serological methods.

**Federal Health Grants:** The activities of the Reference Laboratory were financed by these grants. One technician completed, under the Professional Training Grant, a post-graduate course in Public Health, and another senior technician is at present at the University of Minnesota completing a course leading to a Ph.D. Courses in syphilis serology at the Laboratory of Hygiene, Ottawa, have been attended by a senior and a junior technician. This has materially assisted in the improvement of techniques used in this division of the laboratory.

The laboratory has continued to maintain the closest possible liaison with the Sections of Epidemiology and Environmental Sanitation of the Division of Public Health and with the practising physicians. Dr. Colbeck presented papers at several regional meetings of the Manitoba Medical Association and participated in the Refresher Course organized by the Faculty of Medicine in April, 1949.

#### LABORATORY, BRANDON HOSPITAL FOR MENTAL DISEASES

	Number or Specimens
Examinations of water and ice .....	695
Examinations of milk .....	1,027
Serological tests for syphilis .....	568
Examinations for diphtheria bacilli and haemolytic streptococci .....	118
Examinations of smears for gonococci .....	172
Examinations of cultures for gonococci .....	12
Examinations for tubercle bacilli .....	162
Agglutination tests for typhoid .....	99
Agglutination tests for undulant fever .....	251
Agglutination tests for rickettsia and tularaemia .....	99
Cultures of blood, faeces, etc., for typhoid bacilli and dysentery .....	142
Examinations of cerebro-spinal fluid .....	43
Agglutination tests for infectious mononucleosis .....	20
Examinations for T. pallidum .....	8
Preparation of vaccines .....	8
Miscellaneous examinations .....	182
<b>Tissue Specimens, etc.:</b>	
Surgical, (biopsies, etc.) .....	490
Autopsy material .....	62
Smears for cytological examination .....	107
<b>Clinical Pathology:</b>	
Haematology .....	237
Blood Grouping .....	454
Rh. Agglutinations .....	725
Blood Chemistry .....	477
Urinalysis .....	20
Basal Metabolic Rate .....	13
Electro cardiograms .....	70

A detailed account of the activities of this laboratory appears in the report of the Hospital for Mental Diseases, Brandon. The laboratory acts, on a lesser scale, in much the same way as the Central Laboratory in Winnipeg as far as Public Health Bacteriology is concerned, receiving specimens from the City of Brandon and the western and south-western portions of the province. A certain amount of clinical pathology is performed, in addition, at the request of the physicians, although no attempt is made to provide an organized clinical pathological service. Examination of tissues is, however, performed as a provincial service, and specimens are received from outlying hospitals and the Dauphin Diagnostic Unit.

An extremely important function of the Brandon Laboratory is that of training technicians for service in the employment of the province. Five technicians graduated in 1949. Ten students at present are taking the 18 months' course, which has been very capably organized by Dr. G. B. Elliott, assisted by Miss R. McCullough. This training project has been greatly assisted by the Federal Professional Training Grant.

DIAGNOSTIC UNIT LABORATORIES

	Number of Specimens	
	Dauphin	Selkirk
Urinalysis .....	3,039	1,103
Blood Counts .....	1,525	1,374
Blood Grouping, etc. ....	86	371
Blood Chemistry .....	1,295	1,062
Basal Metabolic Rate .....	95	237
Electrocardiograms .....	127	216
Miscellaneous examinations .....	251	169

MANITOBA SCHOOL FOR MENTALLY DEFECTIVE PERSONS, PORTAGE  
LA PRAIRIE — LABORATORY REPORT

	Number of Specimens
Haematology .....	304
Syphilis Serology .....	85
Smears and Cultures for Gonococci .....	846
Urinalysis .....	238
Basal Metabolic Rate .....	18
Blood Urea .....	6
Milk examinations .....	12
Examinations of faeces .....	5
Blood Sugar .....	8
Examinations of cerebro-spinal fluid .....	4
Examinations for tubercle bacilli .....	26
Mantoux tests .....	138
Miscellaneous .....	6

Respectfully submitted,

L. P. LANSDOWN, M.D.,  
Acting Director of Laboratory Services.



# The Advisory Commission under “The Health Services Act”

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The Honourable Ivan Schultz, K.C.,  
Minister of Health and Public Welfare,  
Province of Manitoba,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit herewith the report of the members of The Advisory Commission under The Health Services Act, for the year ending December 31, 1949.

## **MEMBERSHIP OF THE COMMISSION**

During the year, the term of office for Mr. W. E. Clark, Dr. P. H. McNulty and Mr. H. D'Eschambault expired—Mr. Clark was renominated by the Union of Manitoba Municipalities for a further term of three years. The resignation of Dr. F. G. Guinness, because of ill health, was regretfully received in April. The membership of the Commission as of 31 December, 1949, is as follows:

### **Representing the Manitoba Medical Association:**

Dr. A. Hollenberg—Winnipeg.  
Dr. H. S. Evans—Brandon.  
Dr. R. W. Richardson—Winnipeg.

### **Representing the Union of Manitoba Municipalities:**

Mr. Hugh McIntyre—Pipestone.  
Mr. W. E. Clark—Baldur.  
Mr. Raymond Mitchell—Grandview.

### **Representing the University of Manitoba:**

Dr. J. D. Adamson—Winnipeg.

### **Citizen Representatives nominated by the Minister:**

Judge J. M. George—Morden (Chairman).  
Mrs. E. L. Johnson—Arborg.  
Mr. H. D'Eschambault—St. Boniface.

### **Representing the Department of Health and Public Welfare:**

Dr. C. R. Donovan—Acting Deputy Minister.

### **Secretary and Assistant to the Commission:**

Dr. M. R. Elliott—Winnipeg.  
Miss E. J. Mackay—Winnipeg.

### **DUTIES:**

The Commission, under the provisions of The Health Services Act, is charged with the responsibility of advising the Minister of Health and Public Welfare, at his request, or of its own motion, in all matters relating to the Act, and the administration and operation thereof; and of discharging such other duties relative to the Act, as the minister may require it to perform.

The commission also is empowered, by authorization of the Lieutenant-Governor-in-Council, to make such enquiries, investigations and surveys pertaining to this Act as may be deemed desirable. The approval of the commission is required on all regulations made under The Health Services Act.

The commission has held six regular meetings and one special meeting during the year. The minister was a guest at five of these meetings, and we were honoured by his participation in the discussion of many items on the agenda. The work of the commission may be summarized under the following headings:

### **LEGISLATION**

**Amendments to the Act:** An opportunity was given, as in previous years, to the commission to consider all proposed amendments to The Health Services Act, before being presented to the Manitoba Legislature. Amendments to sixteen sections of the Act were reviewed in detail dealing with the administration of local health units, diagnostic units and hospital districts. Some of these amendments had been prepared as a result of recommendation by the commission, and the opportunity of participating in this planning is greatly appreciated. A special Legislative Committee of three was appointed from the commission at the December meeting to make recommendations to the minister with regard to future amendments.

**Regulations:** An amendment to the regulations relating to Diagnostic Services was recommended by a special committee set up for that purpose. Approval was given to nine regulations for the establishment of hospital or medical nursing unit districts and for the enlargement of the Dauphin Local Health Unit, the Dauphin Diagnostic Unit, and the St. James-St. Vital Local Health Unit, and the Strathcona Medical Care District.

### **HOSPITAL FACILITIES**

The provision of adequate hospital facilities for the province, under Part IV of the Act, continued to be a subject of major consideration by the Commission. Details of proposed hospital construction and expansion were discussed at every meeting. The financial assistance made possible by the Federal and Provincial hospital construction grants, has given added impetus to this feature of The Manitoba Health Plan, and it is in this field that the greatest activity of the extension of health services has occurred. The members of the commission have been very conscious of their responsibilities in this regard, and no other subject on the agenda has received more attention throughout the year. Every effort has been made to maintain a close liaison with The Hospital Council of Manitoba, and this has been made possible to a large degree by having the minutes of this body filed with the commission each month.

The far reaching implications of a hospital construction program, and the necessity of maintaining the broadest possible perspective of the needs of the province as a whole, in contrast to the sincere demands of local areas, has at times presented some conflict of opinion. It is a credit to the integrity and sincerity of all members, that such matters have been discussed with candor, and amicable decisions have been reached, in the best interests of all concerned. The commission feels that most careful



study will continue to be required in all future plans for expansion of hospital facilities. If we are to avoid the obvious dangers of over-expansion, then, in the light of the extensive program already undertaken, and the rapidly rising operational costs, each proposal will need to be most carefully weighed and measured.

The commission has recommended that proposed schemes for the organization of hospital districts be submitted for consideration in their early stages, and that its secretary be enabled, by personal investigation, to place all facts before the Commission in order that it may be fully informed on matters deserving of consideration. It also is recommended that, following approval of the scheme, the commission be kept informed of the subsequent development and progress of such scheme in order that it may continue to advise the minister in accordance with its powers and duties.

The acute shortage of nursing personnel has been considered of major importance in regard to the hospital program. A special joint meeting of the commission and representatives of the Manitoba Association of Registered Nurses was held in September in an attempt to explore all possible means of alleviating this situation, and, arising out of this meeting, a special sub-committee was formed, with representatives from these two bodies and the Manitoba Hospital Association, to devise ways and means of increasing the nursing service in its broadest sense. The recommendations of this committee, which met in October, have been approved by the commission, favorably received by the minister, and as an initial step in their implementation, a committee on nurse recruitment has been organized. Favorable votes were taken during the year in the Shoal Lake, Neepawa, Gladstone and Morden Hospital Districts, and in the Whitemouth Medical Nursing Unit District. Red Cross outpost hospitals have been completed in Fisher Branch, Arborg and Alonsa.

### **FEDERAL HEALTH GRANTS**

The commission, at four of its meetings, was given the opportunity of considering projects proposed by the Department of Health and Public Welfare, for Federal Health Grants. It also was privileged to have as its guest, in July, the Director of Health Insurance Studies at Ottawa, in the person of Dr. F. W. Jackson, our former Deputy Minister, who presented a comprehensive review of the Federal program regarding health grants.

### **DIAGNOSTIC SERVICES**

The provisions of prepaid X-ray and laboratory services, as provided under Part II of the Act, were the subject of discussion at several meetings throughout the year. It was first brought to attention by the report of representatives from the Manitoba Medical Association, that certain details in administration of these units did not meet with the approval of some practising physicians in the areas. It was felt by the commission that these statements did not present a true or complete picture of these services, particularly from the viewpoint of the patient, and as a result, a special committee has been authorized to investigate the operation of the diagnostic units in Dauphin and Selkirk, and to report to the commission.

A special committee, under the chairmanship of Dr. Adamson, was appointed in August to review the existing regulations relating to diagnostic units, and to make recommendations for their revision if considered necessary. These recommendations were approved and will be implemented in future legislation.

### **MISCELLANEOUS**

The commission also gave consideration to various other matters brought to its attention, some having specific reference to the administration of The Health Services

Act, but all bearing direct relationship to the betterment of health services in the province. These included such items as "The report of the Royal Commission in reference to Costs of Hospitalization", and the new proposals for payment of government grants to hospitals under The Hospital Aid Act; the examination of eyes by optometrists; the ownership of X-ray films taken in diagnostic units; and the interpretation of the standard form of contract for medical care districts. The commission was privileged to be the first official body to receive the report of Dr. A. Hollenberg on the "Medical Care program in New Zealand", following his personal observations in that country. The secretary has made monthly reports to the commission regarding the progress and administration of local health units and other bodies authorized by the Act.

It is the wish of the commission to again express its appreciation to its secretary, Dr. Morley Elliott, and his capable assistant, Miss E. Mackay, for their very able assistance; and to The Honourable Ivan Schultz, his Deputy and other members of his department, for their co-operation during the past year. We do assure the Minister that is the desire of every member of the commission to assist him in any way we can.

All of which is respectfully submitted,

J. M. GEORGE,

Chairman.



# Section of Extension Health Services

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## REPORT OF MEDICAL DIRECTOR

Dr. C. R. Donovan, D.P.H.,  
Acting Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I respectfully submit herewith the Annual Report of the Section of Extension Health Services for the year ending December 31st, 1949. Appended hereto, are the reports of the Bureaux of Local Health Services, Hospitalization, and Dental Services, which have been prepared by their respective directors.

This section was established in 1945, to implement and administer The Manitoba Health Plan, as provided under The Health Services Act. It now has completed its fourth full year of operation and each succeeding year has shown continued progress and increased activity. The year 1949 has been notable because of the marked development of additional hospital facilities throughout the province, details of which will appear elsewhere in this report. Progress in other features of the plan, while significant, has been limited by the ever-present problem of lack of trained personnel. Public demand for increased health services continues to be in excess of that which can be provided. We have to report that the number of applications from municipalities for inclusion in local health units or diagnostic units, which must remain unfilled, is steadily increasing. It is nevertheless considered advisable to continue the policy of establishing new services only as it is possible to provide adequate staff to ensure efficient operation.

The rapid turnover of our professional staff continues to be a major problem. The medical directors of six of the thirteen local health units were changed during the year, and twelve public health nurses resigned or left the service for post-graduate training. There is some indication that this shortage of trained personnel may have passed its peak; and the greater provision for professional training made possible by the Federal Health Grants, gives a somewhat brighter outlook for the future. It, however, has been further emphasized during the past year, that the frequent changing of staff, and the necessity of many inter-unit transfers, interferes with the efficiency of service, and necessitates increased field supervision beyond the capacity of the central office to supply.

The Federal Health Grants have been of very material assistance to this section of the department. They have made possible the provision of: additional staff to our units (public health nurses, sanitary inspectors, technicians and stenographers); increased transportation facilities; new scientific and educational equipment; financial aid to hospitals; and greatly increased opportunities for professional training. All of these will specifically fulfill the objectives of the grants: that is, the improvement or expansion of the existing health services for the people of the province.

Brief reference is hereinafter made to the reports of the bureau directors of Extension Health Services, but Diagnostic Services and Medical Care Districts will be reported on more fully, as no full-time director is in charge of these bureaus.



### LOCAL HEALTH SERVICES

Two of the existing units were expanded to bring these services to about 15,000 more people, and adding over 400 square miles to the territory served, but no new local health units were established during the year. The thirteen units now organized contain more than 50% of the total population outside the City of Winnipeg, the combined areas comprising 44 Rural Municipalities, and 27 Cities, Towns and Villages. The work of these units has continued largely according to the policy originally outlined, with some shifting of emphasis from school examinations to maternal and child hygiene, and the broader aspects of health education, environment, and the problems of adult hygiene. Further revision of the uniform reporting forms has been made, as a result of staff conferences during the year, which will make for more efficient operation and easier appraisal of work. It is hoped that from the use of these forms, an Evaluation Schedule, adapted to our own needs, can be developed during the coming year.

The reports of the various units indicate that the volume of service given during 1949, as far as it can be measured in statistics, has been greatly increased. For example, the field visits by doctors and nurses (34,964 in number), and Diphtheria immunizations (20,748), are 42% greater than the previous year. There has been continued expansion of services in the whole field of communicable disease control, particularly emphasized in Tuberculosis follow-up work, in which consultations have more than doubled. But perhaps most significant has been the ever-expanding service provided by Child Health Clinics, which are now being held in 119 centres. Last year a total of 43,366 infants and pre-school children attended these clinics, which is an increase of 88% over the previous year.

Some measure of the value of local health units can be obtained from the immunization records of the province. A total of 39,860 children living in these areas were protected against Smallpox, Diphtheria, Whooping Cough and Scarlet Fever in 1949, which represents 53% of the total immunizations against these diseases for the entire province. This means that the average immunization rate in local health unit areas was nearly 2 and  $\frac{1}{2}$  times as great as in the rest of the province.

It is impossible to demonstrate the value of local health unit service in terms of statistical data. So many intangible factors are represented in every contact which a health worker makes in the community. An awakened health consciousness is becoming evident, which can only result, in years to come, in better conditions and more opportunities for healthy living, so that our future citizens may develop their lives to fullest advantage. This must be a co-operative effort of every one in the community, and to this end, Health Education continues to be stressed as one of the most important functions of all local health units. Advantage is taken by every visit of doctor, nurse or sanitarian to emphasize this phase of our program. The Bureau of Health Education has greatly assisted in this work by making possible the distribution of thousands of pamphlets, many showings of films, and the display of well prepared exhibits. A full time health educator, as a special demonstration, has been allotted to one local health unit for a full year, and the results of this will be carefully observed.

The average total operational costs of all local health units for the year was \$1.08 per capita. This figure varied greatly in individual units, ranging from 81c to \$1.44, depending upon the concentration of population and geographical area served. Our experience would indicate that a minimum population of 20,000 is most economically served. The average per capita cost of all such units was 96c, as compared to the average of \$1.24 for units with smaller and more scattered populations. Nearly all units have benefitted directly from the Federal Health Grants, as the increased



services provided under these arrangements were not charged against the included municipalities. The net result is a shareable expenditure slightly less than last year (\$1.01 per capita), and this in spite of the increase in services.

DIAGNOSTIC UNITS

Prepaid diagnostic X-ray and Laboratory services, as provided under Part II of The Health Services Act, have continued to be operated in the two unit areas of Dauphin and Selkirk, throughout the year. The facilities at Dauphin are located in the Provincial Health and Welfare building, which is situated close to the general hospital and connected to it by tunnel. This unit provides prepaid diagnostic services to the residents of the Dauphin Local Health Unit area, which has been enlarged during the year, to include the Rural Municipality and Village of Gilbert Plains, bringing the total population up to 18,243. The unit at Selkirk is located in the Selkirk General Hospital, and provides a similar service for the 23,644 residents of the Selkirk Local Health Unit area. Arrangements in both units are made whereby a full service is provided to the hospital concerned, for all patients referred or admitted from outside the unit area. The hospital collects its regular fee for these non-qualified persons and, in turn, reimburses the unit for the cost of providing the service. The following table summarizes the work done during 1949:

<b>X-Ray Examinations:</b>	<b>Dauphin Unit</b>	<b>Selkirk Unit</b>
Monthly Average—Qualified Persons .....	194	122
Monthly Average—Non-Qualified Persons .....	48	29
	—	—
Total Monthly Average .....	242	151
Total Examinations—1949 .....	2,912	1,815
	—	—
Total Films Used .....	7,238	4,746
 <b>Laboratory Examinations:</b>		
Monthly Average—Qualified Persons .....	166	308
Monthly Average—Non-Qualified Persons .....	374	71
	—	—
Total Monthly Average .....	540	379
Total Examinations—1949 .....	6,418	4,532

Qualified persons in unit areas are required to pay a nominal fee of \$1.00 for the first X-ray film and 25c for each film up to a maximum of \$5.00 for any one illness. These fees amounted to \$2,851.65 in Dauphin, and \$2,042.50 in Selkirk, last year (a total of less than \$5,000.00); and for this the patients received services valued at more than \$70,000.00 at standard rates. The operational costs of these units are shared between the province and the included municipalities, in proportion to population. There continues to be a wide discrepancy in the per capita costs of the two units, due largely to the smaller population in the Dauphin Unit, the greater utilization of services there, and the higher cost of providing consultant services from Winnipeg. The average net cost of operating the two units was less than 50c per capita in 1949. The average net cost per X-ray examination in the Dauphin Unit was \$4.53; and in Selkirk \$3.88. The average cost per laboratory examination was 48c and 54c respectively.

It is of interest to note that the utilization of these services showed considerable variation in the two cases. One hundred and twenty-seven X-ray examinations per 1,000 population were requested in 1949 in the Dauphin Unit, whereas in Selkirk, only



70 per 1,000 population were ordered. The trend in regard to laboratory services was just the reverse, the rate per 1,000 in Dauphin being 108, as compared to 156 per 1,000 in Selkirk.

The provision of prepaid X-ray and laboratory services is still a very new innovation in Canada, and our experience has been followed with great interest by both the medical profession and the laity. Many administrative problems still remain to be solved. It is recognized that these services cannot fill their required function without consultant service of a high professional calibre, and to meet these requirements without increasing operational costs beyond an economically feasible level, is a problem of first importance. Our limited experience thus far would indicate that it is meeting a definite need in the communities served, and that no part of The Health Plan is more directly appreciated by the people receiving the service. Not only has it been endorsed by the advisory boards of both units, but many additional municipalities have requested that this service be provided. All newly organized hospital districts include this feature as a prominent part of their plan. While it has not been possible during the past year to establish new units, there is no doubt that the service will be expanded. X-ray equipment was provided as an initial step in this direction to two district hospitals during the year, and the complete service will be organized when it is possible to provide adequate staff and consultants. The class of technicians in training in both X-ray and laboratory technics is being continued, in anticipation of future expansion of this program.

### **MEDICAL SERVICES**

Provision is made in Part III of The Health Services Act for the establishment of Medical Care Districts, in which any approved type of prepaid medical care program can be organized. This may be in the form of an agreement between the included municipalities and the practising physician, whereby the residents receive prepaid general practitioner service on the basis of salary, capitation fee, or fee for service. The cost may be borne by general property tax, or personal health levy. The regulations under this part of the Act, contain a standard form of agreement between municipalities and physicians engaged on a salary basis. There are 19 doctors practising in medical care districts at present, and vacancies exist in 4 areas in which local by-laws have been passed for this type of service.

One new district only was formed during the year, this being in the Rural Municipality of Strathcona. This district is unique in that the cost of this service is being raised by personal health levy entirely, rather than by property tax.

The provision of adequate medical care to residents of unorganized territory is still a problem which is largely unsolved. Many of these people live in areas so remote and isolated that they are beyond the reach of established physicians. It is, in some cases, possible to make arrangements with a doctor located in or near to unorganized areas, to give part-time service to these residents, and the department has ten such agreements in force. These authorize an annual or monthly stipend to the doctor, in return for services to the indigents of a particular area.

There still remain, however, many areas quite inaccessible to regular medical care. Every effort is being made to remedy this situation within our existing capacity, and with the help of several agencies, some progress is being made. The emergency air transportation and radio service, provided through co-operation with the Department of Mines and Natural Resources, has been of inestimable value in bringing urgent and needy cases to medical centres. It is now possible, through the radio network which has been set up in the north, for residents of almost any part of the



province to be within reach of emergency calls for assistance. Health officers at The Pas or in Winnipeg have been delegated authority to dispatch air transport (if the government service is not available, then private or commercial lines are used) to bring emergency cases in to hospital. This, in effect, gives an air ambulance service to all parts of the province, on the shortest possible notice, and operating from several different centres. During 1949, fifty-three such trips were made, twelve of them being flown by provincial aircraft, and forty-one by other airlines. Total miles flown was approximately 8,400. Provincial expenditures for this service during the year amounted to \$3,560.31.

The participation of the Canadian Red Cross Society in the construction and operation of outpost hospitals to serve some of these areas, will be a factor of far-reaching significance. Three such outposts were completed during the year. The splendid co-operation of the Indian Medical Services in treating those patients who are in the vicinity of reserves, is deserving of commendation, and our own Public Welfare Division has been instrumental in many ways in bringing needy cases to treatment. During 1948 (the last year on record) 4,655 patients were admitted to hospital from unorganized territory, at a cost to the government of \$31,060.53.

### DENTAL SERVICES

The Bureau of Dental Services, still the youngest in the department, has been very active during its second year of operation. Clinic work has been maintained, with the assistance of part-time clinicians, and the report of the director indicates a substantial increase in this field. The need for this type of service in many areas of the province, is emphasized by every survey which has been made. The demands for dental care far exceed the capacity of either the profession or the department to supply, with existing personnel and facilities. Our program must therefore be one of very long range objectives, as it is evident that for some years at least, only a minor portion of the need can be met. This planning requires close co-operation with the practising dental profession, and the department is appreciative of the continued assistance given by the Public Health Committee of the Manitoba Dental Association. The possibility of utilizing the services of dental hygienists, as an adjunct to the profession, in preventive dentistry, is receiving serious consideration. The possible use of completely equipped mobile dental vans, with full-time staff, also is being considered. The integration of preventive dental services into the work of local health units, has been also studied. The practical means of implementing these and other similar proposals, will require much careful planning.

Perhaps of more importance, from the standpoint of the department, than the actual treatment given at clinics, are other aspects of the dental hygiene program, and it has been possible for the bureau to make a beginning on some of these. Education in oral hygiene has been featured throughout the year, not only in contacts with the public, but by the assistance of the Kellogg Foundation Grant, in a series of addresses to the profession. Some research has been carried out on the relationship of dental caries to fluorine content of water, and on the topical application of fluorine as a means of caries prevention. If other means can be found for meeting the very heavy demand on the time of the bureau staff required by treatment clinics, it is felt that future emphasis should be placed on these and other phases of prevention, so that the bureau may assume its true role in the public health field.

Respectfully submitted,

M. R. ELLIOTT,

Director Extension Health Services.

# Local Health Services

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Dr. M. R. Elliott, D.P.H.,  
Director, Extension Health Services,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Bureau of Local Health Services for the year ending December 31, 1949.

The personnel problem was a little better during the year, and for a few months all units were completely staffed. Dr. R. McDougall, Medical Director of the Red River Local Health Unit resigned in March, to take over a position in the Province of New Brunswick. She was replaced in July by Dr. J. M. Brown from Scotland.

Dr. John Nelson from Scotland was appointed Medical Director of the Northern Local Health Unit in February, and resigned in October to take up a position in British Columbia, leaving this unit without a director.

Dr. E. Mastromatteo of Toronto was appointed Medical Director of the Virden Local Health Unit, and Dr. Hawkes from England appointed Director of the Stonewall Local Health Unit in February. Both are now on leave of absence taking their public health course in Toronto. They will return to their units next June.

Dr. L. P. Lansdown, Director of the Swan Valley Local Health Unit was transferred to the Provincial Laboratory in September, leaving this Unit without a medical director.

No new local health units were opened during the year. Two existing units were enlarged by taking in additional municipalities. Fort Garry Municipality was included in the St. James-St. Vital Local Health Unit, bringing in an additional population of six thousand, and making this the largest unit in the province, with a total population of over 40,000.

The Rural Municipality and the Village of Gilbert Plains were included in the Dauphin Local Health Unit, increasing the population of this unit to 18,162.

All local health units were visited during the year as often as time would permit. Particular attention and considerable time has been spent with new medical directors, and every assistance possible has been given in administrative work and in the general health programs in the units.

The Medical Directors' Conference was held as usual but was combined this year with the refresher course put on by the Medical College for general practitioners. One representative of each local health unit board also was brought in to Winnipeg for a day's conference of board representatives on local health unit administration.

The total population, exclusive of Winnipeg, now served by full-time local health units is over 255,000, or more than 50% of the population outside the City of Winnipeg.



**LOCAL HEALTH UNITS**

**Brandon Local Health Unit:** The population of this unit has increased to over 20,000 persons. It was short one nurse on an establishment of three, for most of the year. However, owing to the compact set-up of this unit, it has been able to carry out a full public health program. A second sanitary inspector was added to the unit in December. This will be of great assistance, particularly in its food and milk control and will enable it to carry out more supervision over raw milk producers and shippers, who come under the direction of the unit.

**Dauphin Local Health Unit:** The population of this unit increased to over 18,000 with the addition of Gilbert Plains Rural Municipality and Gilbert Plains Village. A sub-station has been opened in the Village of Gilbert Plains and a nurse will be stationed there. The grouping together of the Welfare Division, Diagnostic Unit and Local Health Unit headquarters in the new government building at Dauphin, has proved very satisfactory.

**Portage la Prairie Local Health Unit:** This unit has carried out a very large volume of work during the year. Headquarters are in Portage la Prairie with sub-stations at Elie and MacGregor. The unit has had a full staff during the year.

**Selkirk Local Health Unit:** This unit has been very active during the year. It is the largest rural local health unit, having a population of 24,000 persons. It is also one of the teaching units, and a senior nurse on the strength of the nursing division of this department spends a considerable part of her time in the instruction of new public health nurses. Other new personnel also are given a few days' instruction in this unit, under the medical director for field training. A second sanitary inspector was added to the staff in December, owing to the large volume of sanitation work in the unit, particularly due to the many summer resorts.

**Swan Valley Local Health Unit:** This unit covers a large area with a small population. It has been without a medical director since September, due to the transfer of Dr. L. P. Lansdown to the Provincial Laboratory. A sanitary inspector and senior nurse are stationed at headquarters in Swan River, and a nurse at each of the sub-stations of Minitonas and Pine River. A new medical director will take over the unit early in January.

**Red River Local Health Unit:** This unit is the second largest rural unit, and is used as a teaching unit for the public health nurses. The headquarters of the unit was moved during the year from Ste. Anne to new quarters in the Steinbach General Hospital, providing fully modern accommodation. Sub-stations are operated at Ste. Anne, Lorette and St. Pierre. Dr. J. M. Brown from Glasgow, Scotland, took over as Medical Director of the unit in July.

**St. Boniface Local Health Unit:** This unit has been steadily increasing in population and is now over 25,000 persons. It has carried out a complete public health program with a full staff throughout the year. A second sanitary inspector was added to the staff in December. This was a necessity due to the large industrial expansion and the numerous packing plants and pasteurization plants in the unit. Telebinocular testing of school children from Grade V to XII was carried out. 4,000 pupils were also checked on Wetzel Grids twice a year.

**St. James - St. Vital - Fort Garry Local Health Unit:** Fort Garry Municipality was included in this unit on July 1st, bringing the population to over 40,000, and making it the largest local health unit in the province. The establishment was increased by two nurses and one clerk-stenographer. They carry out a full health program in the three suburban municipalities that comprise the unit.



**Stonewall Local Health Unit:** Dr. V. Hawkes from England took over the medical directorship of this unit in February. He was granted leave of absence to take his public health course in Toronto, and will return to his unit next June. Dr. O'Keefe is relieving him while he is away on the course. A full time sanitary inspector was appointed in December. The nursing establishment has been at full strength for most of the year.

**Neepawa Local Health Unit:** This unit has had a full establishment all through the year, and a complete health program has been carried out. Particular emphasis has been placed on bringing the immunization program up to date in all the outlying schools and districts. The head office is located in Neepawa with sub-stations at Gladstone and Glenella.

**Virden Local Health Unit:** Dr. E. Mastromatteo was appointed medical director of the Unit in February and granted leave of absence to take his public health course in Toronto. He will return to his unit next June. Dr. Rea from England will be relieving him. The nursing establishment has been at full strength all year and has carried a full program. The inspector in the sanitation branch, has carried out a large volume of work during the year, and the standard of rural sanitation shows a big improvement.

**Northern Local Health Unit:** Dr. Nelson medical director of this unit, resigned in October to take up a position in British Columbia. The work of the unit has been carried on by the nursing staff and sanitary inspector, and by the use of the deputy medical officers of health. They have carried out a full program of public health work during the year.

**Kildonan - St. Paul Local Health Unit:** This unit now has completed its second year of operation. The staff has been at full strength and a large volume of work has been completed. The new sub-station in West Kildonan, located in Centennial School, was opened during the year. The two nurses working on the west side of the Red River use this office as headquarters, and all records for the district are maintained in this office. The unit is steadily increasing in population, and now serves over 24,000 persons.

#### COMMUNICABLE DISEASE CONTROL:

This work as in previous years, has been one of the most important functions of the local health units. The volume of work carried out is shown by the following figures. A total of 3,111 persons were admitted to service. 128 consultations were held with physicians in local health unit areas. 272 diagnostic visits were made and 4,900 field visits by local health unit personnel in the control of communicable disease.

**The immunization program** is a continuous one in the work in local health units, and is carried out in schools, baby clinics and health offices. 6,043 successful first vaccinations and 2,133 re-vaccinations against smallpox were completed. 6,707 children were inoculated against diphtheria and 14,041 given booster doses. 4,769 children received protection against whooping cough, and 5,166 given augmenting doses. 1,101 children received scarlet fever inoculations. Protection against typhoid fever was given to 2,876 persons. 1,510 Schick and Dick tests and other inoculations were completed.

**Venereal Disease control** is carried out in close co-operation with the Provincial Department. All cases and contacts are reported to the unit, which locates and arranges examinations; and in the case of indigents carries out treatment as required. 202 persons were admitted to service. 155 clinic visits were made and 430 field visits.



**Tuberculosis control** is carried out in cooperation with the Manitoba Sanatorium Board, the central chest registry, and the travelling chest clinics. A registry is kept of all known cases and contacts. Arrangements are made for examination and X-ray as required. 2,232 persons were admitted to service. 2,146 field visits were made. 986 office consultations were held, and 4,845 X-ray plates were taken on cases and contacts.

#### **MATERNAL AND CHILD HYGIENE:**

647 mothers were admitted for prenatal service and 737 field visits were made. 1,903 postnatal cases were given service with 2,227 field visits. The units made a survey of crippled children during the year, and brought their registry up to date. Free diagnostic clinics were held under the Provincial Department and the children examined by visiting specialists. 304 crippled children were examined at diagnostic clinics. 322 visits were made to the clinics. 487 field nursing visits and 84 office visits were completed.

**Infant Hygiene:** This is service to children under one year of age, and is continually increasing in popularity. Well baby clinics are held in various centres in all units at regular intervals. The mothers bring in their babies for examination, weighing, and inoculations and diet instruction. Babies requiring medical treatment are referred to the family physicians. 8,386 field visits were made and 21,150 office consultations held.

**Preschool Hygiene:** This is service given to children from one year to six years of age. A very large volume of work was carried out in this group. 6,221 field visits and 20,041 office consultations were carried out. 2,456 children were given a complete physical examination in the twelve month period before entering school. Children found with defects are referred to their family physicians, in an endeavour to have them corrected before they begin school.

**Child Conferences:** Both infants and preschool children attend these conferences held at 119 centres in local health units. A total of 2,119 conferences were held during the year with an attendance of 19,204 infants and 24,162 preschool children. This is a large increase over the previous year.

**School Hygiene:** Service given to children of school age from six years to sixteen years. The unit personnel visit all schools in each respective area at frequent intervals. Children are inspected for communicable and skin diseases. All first grade pupils are given a routine physical examination with the parents present if possible, and all children referred by teachers, nurses or parents, in any grade, are examined. 24,065 inspections were made for communicable disease. 13,328 pupils were given physical examinations and 4,885 were examined with parents present. 6,415 home visits were made and 33,977 office consultations held. 931 classroom talks were given by local health unit personnel, and 6,742 teacher interviews held.

#### **ADULT HYGIENE**

Health Service given to adults. This has been increasing in local health units every year, probably due to the fact that more people are becoming familiar with the service provided by local health units. 3,502 field visits were made and 2,725 office consultations held.

#### **SANITATION**

Improvement has been both steady and rapid in the field of sanitation, due to the work of our seventeen sanitary inspectors in local health units. Under general sanitation, which includes private and public premises, schools, resorts, sewage disposal, private and public water supply, and investigation of nuisances, 18,412 field visits were made, and 1,749 plumbing tests.

3,231 field visits were made to restaurants and lunch counters in the food and milk control program, which includes supervision of food handling establishments, dairy farms, frozen food lockers, and lunch counters and slaughter houses. An indication of the progress is shown by the fact that in 1946, only 25% were approved, while in 1948, over 90% were approved. 563 visits were made to dairies. 196 inspections of locker plants and 126 inspections of slaughter houses were carried out. 2,480 water analysis and 2,051 milk tests were carried out.

#### **ADMINISTRATION**

116 local health board meetings were held during the year, and 366 technical staff meetings. The full time personnel of local health units now includes thirteen medical directors, forty-six nurses, seventeen sanitary inspectors, and nineteen clerk-stenographers, a total of ninety-five full time staff.

Respectfully submitted,

I. M. CLEGHORN,

Director, Local Health Services.



# The Hospital Council of Manitoba

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Honourable Ivan Schultz, K.C.,  
Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

The Hospital Council of Manitoba lost two charter members: Miss W. Lethbridge, Portage la Prairie, and C. E. Fillmore of Clandeboye, during the year by resignation. The vacancies were filled by the appointment of Peter F. Barkman of Steinbach, and W. Kerr Fraser of Hamiota. The new members have taken up their duties and responsibilities with such admirable interest and insight that we feel the full complement of efficiency and co-operation is re-established. The members of the Council are:

Mrs. R. J. Burgess .....	Clearwater
Miss Lillian Pettigrew, R.N. ....	Winnipeg
W. R. Bell .....	Souris
Russell Barrett .....	Deloraine
Andrew Jamieson .....	Brandon
Donald M. Cox, F.A.C.H.A. ....	Winnipeg
Ernest Gagnon .....	St. Boniface
John Gardner .....	Dauphin
E. K. Cunningham, M.D. ....	Carman
C. R. Donovan, M.D., D.P.H. ....	Winnipeg
Peter F. Barkman .....	Steinbach
W. Kerr Fraser .....	Hamiota

The chair being vacant due to the retirement of Mr. Fillmore, the honour of being Chairman of the Council was conferred upon the undersigned at the meeting in February. Mrs. R. J. Burgess was appointed Vice-chairman.

There were eight meetings of the Council held throughout the year. The work was largely concerned with the organization and establishing of hospital districts, and making recommendation concerning boundaries, consideration of Schemes proposed by the several Organization Committees and the examination of floor plans for hospitals. Consideration of the organization of the province into hospital districts and the program of construction was considered in several meetings as the present time appears opportune to assess some of the main values and shortcomings of the program.

The boundaries of the hospital districts as they are organized sometimes require adjustment, or requests from the districts are received to change the boundary. Twelve recommendations were necessitated by these requests during the year, and in a number of cases the districts and municipalities could not mutually agree. An attempt was made in every case to get a complete understanding of the need and wishes of the area concerned, so that the recommendations would be sound. A recommendation was usually passed that every attempt shall be made to organize the district as a whole, rather than piecemeal in the cases where a small area wished to establish a medical nursing unit district within a larger district. However, there are one or two portions of the province where it still may be advisable to allow the medical nursing unit areas to be established.

Eighteen proposed schemes were discussed during the year. There is some duplication in this number. Major changes evolved as some schemes were developed, and a new scheme was referred for re-consideration and recommendation. Schemes for the Districts of Morden, Neepawa, and Gladstone were approved by the rate-payers during the year. Virden, Souris and Deloraine have made some progress toward finalizing their schemes. Areas included in Belmont, South Cypress, Lorne, Victoria and South Norfolk municipalities have proposed several schemes to solve their problem on the local area on the larger basis. It is believed some scheme will soon be finalized for large portions of this area.

The Interlake Region and the areas tributary to Dauphin have made some attempt to organize on the local basis, but nothing concrete has developed during the year.

Construction quite possibly has reached its peak during 1949; there being 19 institutions under construction: These included Carman, Benito, Birch River, Steinbach, Cartwright, Arborg and Fisher Branch which were completed and ready to receive patients. Those still under construction are: Baldur, Erickson, Hamiota, Minnedosa, McCreary, Morris, Roblin, Rossburn, St. Pierre, Swan River, Wawanesa and Whitemouth.

The floor plans of all hospitals which began construction during the year were examined by The Standards Committee of the Council and its report was reviewed in the meetings, and appropriate recommendations made. Fifteen such studies were required. This was held down by the fact that standard plans have been developed for the smaller units; and several units are built to the same plan.

The members of the Hospital Council of Manitoba believe there has been a definite improvement in the planning of hospitals over the previous years. All plans, except for one hospital, were drawn by architects, or under the direction of consultant architects and engineers. The council believe the working plans are better than those developed heretofore, because there has been more complete supervision and detailed recommendations by the council, and advice from the several organizations in the province interested in hospital planning. We note, with considerable satisfaction, that as our plans from this province are sent to Ottawa for approval for grants, there are seldom any suggested changes of major importance returned from Ottawa, and frequently, the remarks of the Hospital Design Division at Ottawa are complimentary.

Respectfully submitted,

RUSSELL BARRETT,  
Chairman, Hospital Council of Manitoba.



# Hospitalization

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January 1st, 1948, to December 31st, 1948.

Dr. M. R. Elliott, D.P.H.,  
Acting Director of Health,  
Department of Health and Public Welfare,  
Winnipeg, Man.

Sir:

I beg to submit the report of the Bureau of Hospitalization for the calendar year 1948. This report covers the activities of the bureau and also gives the statistical summary of the annual reports of the hospitals in Manitoba.

The report this year, in addition to the work of this bureau, as in previous reports, contains figures and accounts of hospital construction. Hospital construction grants made by the Government of Canada, and matched by the Government of Manitoba, came into full swing in our province in 1949. These grants required the execution of considerable office and field work before they were paid. Grants are paid by each Government on the basis of \$1,000.00 per bed increase in capacity—three bassinets in cubicles being considered the equivalent of a bed. In hospitals smaller than 10 beds, the capacity is calculated on the basis of 500 square feet of internal floor space, exclusive of staff living quarters, as the equivalent of a bed.

The increase in existing beds or a new building must be approved by the Department of Health and Public Welfare on the advice of the Hospital Council of Manitoba and the Health Services Advisory Commission to qualify for grants. Complete working plans and specifications approved by the Fire Commissioner and the Department of Labor must be presented to this department for approval. A sketch plan of the site made by a surveyor and report of the sanitary inspector is also required. Contracts are usually written for a "stated amount" after tenders are submitted and the contractors required to provide a security bond.

Information including the name and location of the hospital, description of the facilities being provided, description of the type of construction, the method of financial construction and operation are required before grants are authorized by either Government.

An inspector of hospital construction has been employed, in co-operation with the Federal Government. His periodic reports indicate the degree of completion, and as the hospital reaches 25, 50, 75 and 100% completion, grants are payable.

The consultant on hospital accountancy must examine books and accounts and compile statements justifying certification of the stage of completion and on this certification, grants are paid.

New hospitals began operation during the currency of this report at Boissevain and Killarney, and are included in the report.

**Table 1** shows a tabulated summary of the moneys paid under The Hospital Aid Act as statutory grant and per diem maintenance grants. The amount is decreased from last year in the column showing statutory grants, as nothing is shown in this report as being paid to the Sanitoria of the Province. These are paid under The Tuberculosis Control Act and comparison with previous reports must exclude the grants paid to the Sanitoria. The statutory grant with reference then, to



the previous report, shows a decrease of \$2,774.71 from last year and the per diem maintenance grant shows an increase of \$31,021.09 in the total amount paid for maintenance of patients.

**Tables 2, 3 and 4**, which classify these expenditures on the basis of residence and the types of treatment required, show that there was an increase of \$33,624.50 for patients treated in Sanatoria from unorganized territory. This accounts for more than the total increase and all other items being reduced. This is no doubt due to the surveys among our native population by the Travelling Clinic of the Sanatorium Board, and other diagnostic measures in force by the Sanatorium Board.

**Table 5** shows the cost per capita for treatment of patients from unorganized territory. There was an increase for tuberculosis from \$1.23 to \$1.75 per capita cost. This is explained by the increased number as shown in the paragraph above. Other diseases decreased by 20c per capita cost during the currency of this report from the preceding year.

**Table 6.** The most remarkable figures of note in this table have to do with the total increase in hospitalization. This is accounted for by an increase in almost every hospital throughout the province. It is to be noted that, although Boissevain and Killarney began operation and accommodated a total of 548 patients during the year, Deloraine increased from 817 to 841, Morden increased from 1,110 to 1,125, and Brandon from 4,195 to 4,308 patients. These are the hospitals one would expect to have been affected by the opening of the two hospitals mentioned.

**Table 7** shows that the number of "long stay" patients decreased by 18, and the total number of days decreased by 4,464 from the previous year. This is a very appreciable decrease in the amount of space used by "long stay" patients, and represents at least a 10-bed increase available for active treatment patients. A great number of these, as the table shows, were made up by cancer; injuries—which were largely burns and fracture of the hip in older persons; genito-urinary cases, largely of the prostatic type; cardio-vascular—chiefly stroke; arteriosclerosis and chronic myocarditis (arteriosclerotic); diseases of the skeletal system—chiefly osteo-arthritis; and diseases of the brain and nervous system, largely arteriosclerotic in origin. The great majority of these patients are shown to be suffering primarily from conditions common to diseases of persons past middle life.

**Table 8** shows the capacities of hospitals as in 1946, the approved increase in beds, the number of beds condemned, and the beds existing and approved. It also gives a picture of hospital expansion in our province.

**Table 9** shows the amount of construction grants paid to the hospitals in 1949. The money was provided by the federal and provincial governments in equal ratio.

#### INFORMATION ON HOSPITALS IN THE PROVINCE

**Table 10** shows the services as supplied by the hospitals in the province, the rates, and the comparative staffs of hospitals for the year 1948. Some hospitals were notably and probably inexcusably low in the ratio of registered nurses to patients. This is the greatest defect in the staffs, which the analysis shows.

**Table 11.** There was an increase, in the hospitals with over 74 beds, of 70,924 patient days, which was a 7% increase. There was, in the hospitals with less than 75 beds—that is, rural hospitals—an actual decrease of 148 patient days. The demand for increased hospitalization in the larger hospitals and a falling off of the demand in the smaller hospitals, as well as the comparative occupancies in this table, is well worthy of study.



The population being estimated at 778,000, the hospitalization rate per person per year was 1.93, and the cost was \$10.73 per person per year.

**Table 12.** The revenue of the public hospitals increased by \$1,503,602.00 over the previous year, and expenditures increased by \$1,329,962 over last year. The surplus exceeds the deficit by \$49,776.00.

**Table 13. “Summary of Services Rendered and the Relation of Staffs and Costs to Patients”.** This is of chief value to hospital boards and superintendents in reviewing their own hospitals. The first comment is on the ratio of employees to average patient per day. Deleting the Convalescent Hospital, which caters to a special type of patient, and Boissevain, which was open only a portion of the year, these figures range from 0.62 to 1.9. These extremes should not pertain for any lengthy period. It is considered that hospitals cannot operate efficiently unless the employees average almost equal to the number of patients per day, and even by American standards, a ratio above 1.5 employees per patient is unnecessary.

A study of the percentage of occupancy for the year shows that the hospitals of 75 beds and over had a much higher percentage of occupancy than those of less than 75. It is recognized as a fact that the larger hospitals can accommodate a waiting list, keeping their beds occupied more completely, but this gives evidence also that the hospitals of the larger centers are the ones that continue to be crowded.

The report of the Private Hospitals, as set out in Table 14, shows a summary of staff, bed capacity and movement of patients.

E. R. RAFUSE, M.D.,  
Director of Hospitalization.

TABLE 1.

**\* STATUTORY GRANT AND PER DEIM MAINTENANCE PAYMENTS MADE BY THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE FOR THE CALENDAR YEAR ENDED DECEMBER 31, 1948.**

Hospital	Hospital Aid Act Statutory Grant	Special & Building Grants	Per Diem Maintenance Payments	Transpor- tation	Total Burial Payments	Total
Altona .....	\$ 2,389.00	\$.....	\$ 178.00	\$.....	\$.....	\$ 2,567.00
Birtle .....	1,756.75	.....	.....	.....	.....	1,756.75
Boissevain .....	970.25	.....	.....	.....	.....	970.25
Brandon General ....	15,524.50	.....	1,611.00	.....	.....	17,135.50
Carman .....	2,382.25	.....	366.00	.....	.....	2,748.25
Children's .....	14,809.50	.....	1,815.00	.....	.....	16,624.50
Concordia .....	.....	.....	120.00	.....	.....	120.00
Convalescent .....	2,443.00	.....	780.00	3.00	.....	3,226.00
Dauphin General .....	8,925.75	.....	2,780.10	.....	.....	11,705.85
Deloraine .....	2,690.50	.....	.....	.....	.....	2,690.50
Eriksdale .....	1,046.50	.....	20.00	.....	.....	1,066.50
Ethelbert .....	401.25	.....	80.25	.....	.....	481.50
Flin Flon .....	1,776.75	.....	144.00	.....	.....	1,920.75
Gimli .....	4,222.25	.....	1,612.00	.....	.....	5,834.25
Gladstone .....	1,717.50	.....	36.00	.....	.....	1,753.50
Grace .....	12,243.50	.....	280.00	.....	.....	12,523.50
Grandview .....	730.25	.....	31.00	.....	.....	761.25
Hamiota .....	.....	300.00	.....	.....	.....	300.00
Killarney .....	391.25	.....	.....	.....	.....	391.25

Hospital	Hospital Aid Act Statutory Grant	Special & Building Grants	Per Diem Maintenance Payments	Transpor- tation	Total Burial Payments	Total
King George .....	7,546.50	.....	1,041.00	.....	.....	8,587.50
Minnedosa .....	2,549.25	.....	16.00	.....	.....	2,565.25
Misericordia .....	13,811.00	.....	1,439.00	.....	.....	15,250.00
Morden .....	2,555.50	.....	.....	.....	.....	2,555.50
Neepawa .....	2,258.25	.....	51.00	.....	.....	2,309.25
Pine Falls .....	3,600.00	.....	.....	.....	.....	3,600.00
Portage la Prairie ....	5,968.75	.....	901.33	12.58	.....	6,882.66
Russell .....	3,954.75	.....	173.00	.....	.....	4,127.75
St. Boniface General	52,111.00	.....	7,879.90	8.65	.....	59,999.55
St. Joseph's .....	6,536.75	.....	98.00	.....	.....	6,634.75
Ste. Rose .....	4,117.25	.....	1,591.35	3.35	.....	5,711.95
Selkirk General .....	4,564.00	.....	85.00	.....	.....	4,649.00
Shoal Lake .....	1,327.25	.....	16.00	.....	.....	1,343.25
Souris .....	2,018.75	.....	.....	.....	.....	2,018.75
Steinbach .....	2,793.25	.....	43.00	.....	.....	2,836.25
Swan River .....	3,639.50	.....	269.00	.....	.....	3,908.50
The Pas .....	17,924.94	.....	.....	.....	.....	17,924.94
Teulon .....	2,118.25	.....	2,209.20	.....	.....	4,327.45
Victoria .....	7,070.25	.....	216.00	.....	.....	7,286.25
Viriden .....	2,858.75	.....	84.00	.....	.....	2,942.75
Vita .....	1,314.50	.....	771.00	.....	.....	2,085.50
Winkler .....	4,070.75	.....	.....	.....	.....	4,070.75
Winnipeg General ....	29,455.25	41,030.00	12,716.65	35.80	.....	83,237.70
Winnipegosis .....	1,582.50	.....	1,893.50	.....	.....	3,476.00
Hospitals outside the Province .....	.....	.....	363.75	.....	.....	363.75
<b>Total</b> .....	<b>\$260,167.69</b>	<b>\$41,330.00</b>	<b>\$41,711.03</b>	<b>\$ 63.38</b>	.....	<b>\$343,272.10</b>
Less recovered from Prov. of Ontario .....	182.50	.....	.....	.....	.....	.....
Less reimbursements from patients .....	.....	.....	1,643.36	.....	.....	.....
<b>Totals</b> .....	<b>\$259,985.19</b>	<b>\$41,330.00</b>	<b>\$40,067.67</b>	<b>\$ 63.38</b>	.....	<b>\$341,446.24</b>
<b>*Sanatoria:</b>						
Manitoba San. ....	.....	.....	30,710.10	5.00	.....	30,715.10
Central T.B. Clinic ..	.....	.....	4,760.50	7.10	.....	4,767.60
Clearwater Lake .....	.....	.....	6,230.80	.....	.....	6,230.80
Brandon San. ....	.....	.....	3,945.10	.....	.....	3,945.10
St. Boniface San. ....	.....	\$20,000.00	53,723.20	.....	.....	73,723.20
King Edward .....	.....	.....	3,866.40	.....	.....	3,866.40
<b>Totals</b> .....	.....	<b>\$20,000.00</b>	<b>\$103,236.10</b>	<b>\$ 12.10</b>	.....	<b>\$123,248.20</b>
Mount Carmal Clinic .....	.....	500.00	.....	.....	.....	500.00
Miscellaneous Trans- portation .....	.....	.....	.....	28.32	.....	28.32
Burial payments .....	.....	.....	.....	.....	1,720.00	1,720.00
Special Grants to Sanatorium Board of Manitoba .....	.....	29,250.00	.....	.....	.....	29,250.00
<b>Totals</b> .....	.....	<b>\$29,750.00</b>	.....	<b>\$28.32</b>	<b>\$1,720.00</b>	<b>\$31,498.32</b>
<b>Grand Totals</b> .....	<b>\$259,985.19</b>	<b>\$91,080.00</b>	<b>\$143,303.77</b>	<b>\$103.80</b>	<b>\$1,720.00</b>	<b>\$496,192.76</b>

\* Grants were paid to the Sanatorium Board of Manitoba for distribution to the various Sanatoria, to the amount of \$150,000.00, in lieu of the statutory grant. These grants were paid under The Tuberculosis Control Act and hence do not appear as disbursements in this report.



TABLE 2.

MANITOBA HOSPITALS REPORT OF PATIENTS FROM UNORGANIZED TERRITORY, NON-RESIDENTS, ETC. (PUBLIC WARDS ONLY)

\* Per Diem Maintenance Cost.

For Calendar Year Ended December 31, 1948.

Hospital	Institutional	Non-Residents	No Fixed Abode	Unorganized	Total
Altona .....	\$ .....	\$.....	\$.....	\$ 178.00	\$ 178.00
Birtle .....	.....	.....	.....	.....	.....
Boissevain .....	.....	.....	.....	.....	.....
Brandon General .....	206.00	572.00	210.00	623.00	1,611.00
Carman .....	366.00	.....	.....	.....	366.00
Children's .....	110.00	370.00	100.00	1,235.00	1,815.00
Concordia .....	.....	.....	.....	120.00	120.00
Convalescent .....	.....	252.00	199.00	329.00	780.00
Dauphin .....	14.00	80.00	.....	2,686.10	2,780.10
Deloraine .....	.....	.....	.....	.....	.....
Eriksdale .....	.....	.....	.....	20.00	20.00
Ethelbert .....	.....	.....	.....	80.25	80.25
Flin Flon .....	.....	.....	.....	144.00	144.00
Gimli .....	.....	.....	.....	1,612.00	1,612.00
Gladstone .....	.....	.....	.....	36.00	36.00
Grace .....	28.00	98.00	.....	154.00	280.00
Grandview .....	.....	.....	.....	31.00	31.00
Hamiota .....	.....	.....	.....	.....	.....
Killarney .....	.....	.....	.....	.....	.....
King George .....	18.00	524.00	.....	499.00	1,041.00
Minnedosa .....	.....	.....	.....	16.00	16.00
Misericordia .....	4.00	1,006.00	57.00	372.00	1,439.00
Morden .....	.....	.....	.....	.....	.....
Neepawa .....	.....	.....	.....	51.00	51.00
Pine Falls .....	.....	.....	.....	.....	.....
Portage la Prairie .....	.....	38.00	28.00	835.33	901.33
Russell .....	.....	.....	.....	173.00	173.00
St. Boniface General .....	376.00	896.00	890.00	5,717.90	7,879.90
St. Joseph .....	.....	.....	48.00	50.00	98.00
Ste. Rose .....	.....	.....	152.00	1,439.35	1,591.35
Selkirk General .....	.....	.....	.....	85.00	85.00
Shoal Lake .....	.....	.....	.....	16.00	16.00
Souris.. ..	.....	.....	.....	.....	.....
Steinbach .....	.....	.....	.....	43.00	43.00
Swan River .....	.....	.....	.....	269.00	269.00
The Pas .....	.....	.....	.....	.....	.....
Teulon .....	24.00	.....	2.00	2,183.20	2,209.20
Victoria .....	4.00	10.00	.....	202.00	216.00
Virden .....	.....	84.00	.....	.....	84.00
Vita .....	.....	.....	.....	771.00	771.00
Winkler .....	.....	.....	.....	.....	.....
Winnipeg General .....	30.00	2,270.45	1,550.30	8,865.90	12,716.65
Winnipegosis .....	.....	.....	.....	1,893.50	1,893.50
Regina General .....	.....	.....	.....	200.00	200.00
Budd Hospital .....	.....	.....	.....	130.00	130.00
Kittson War Vets. Hospital....	.....	.....	33.75	.....	33.75
Totals .....	\$1,180.00	\$ 6,200.45	\$3,270.05	\$ 31,060.53	\$ 41,711.03

Hospital	Institutional	Non-Residents	No Fixed Abode	Unorganized	Total
<b>Sanatoria:</b>					
Central T.B. Clinic .....		283.40	267.80	4,209.30	4,760.50
Clearwater Lake .....				6,230.80	6,230.80
Brandon San. ....				3,945.10	3,945.10
Manitoba San. ....		2,311.00	934.00	27,465.10	30,710.10
St. Boniface San. ....		2,153.70	1,753.60	49,815.90	53,723.20
King Edward .....		1,160.60	548.40	2,157.40	3,866.40
Totals .....		5,908.70	3,503.80	93,823.60	103,236.10
<b>Grand Totals .....</b>	<b>\$1,180.00</b>	<b>\$12,109.15</b>	<b>\$6,773.85</b>	<b>\$124,884.13</b>	<b>\$144,947.13</b>
Transportation .....					103.80
Burial Payments .....					1,720.00
					<u>\$146,770.93</u>

\* Accounts which have actually been paid during this period.

TABLE 3.

**\* PER DIEM MAINTENANCE CLASSIFIED ACCORDING TO PATIENTS' RESIDENCE**

**FOR CASES CHARGEABLE TO DEPARTMENT OF HEALTH AND PUBLIC WELFARE**

**1943 to 1948**

Year	Unorganized	No Fixed Abode	Non-Resident	Institutional	Total
1943 .....	\$ 91,069.47	\$5,941.15	\$ 5,796.72	\$ 378.00	\$103,185.34
1944 .....	88,874.47	4,364.54	4,848.11	630.00	98,717.12
1945 .....	88,642.72	5,392.60	4,083.10	1,101.00	99,219.42
1946 .....	100,795.54	3,196.45	8,353.05	432.25	112,777.29
1947 .....	98,911.54	3,725.90	10,408.60	880.00	113,926.04
1948 .....	124,884.13	6,773.85	12,109.15	1,180.00	144,947.13

\* Accounts which have actually been paid during this period.

TABLE 4

**PER DIEM MAINTENANCE IN TYPES OF HOSPITALS**

**FOR CASES CHARGEABLE TO DEPARTMENT OF HEALTH AND PUBLIC WELFARE**

**1943 to 1948**

Year	General Hospitals	Isolation	T.B. Sanitoria	Total
1943 .....	\$39,629.65	\$7,719.52	\$ 55,836.17	\$103,185.34
1944 .....	35,541.61	4,513.06	58,662.45	98,717.12
1945 .....	35,224.05	6,703.70	57,291.67	99,219.42
1946 .....	37,954.25	8,554.25	66,268.79	112,777.29
1947 .....	38,864.44	5,450.00	69,611.60	113,926.04
1948 .....	40,670.03	1,041.00	103,236.10	144,947.13



TABLE 5

ESTIMATED PER CAPITA COST FOR HOSPITAL CARE FOR ACTUAL  
RESIDENTS OF UNORGANIZED TERRITORY.

(Maintenance Rate of \$2.00 per Day)

JANUARY 1 — DECEMBER 31, 1948

Area	Estimated Population	Tuberculosis Per Capita Cost	Other Diseases Per Capita Cost	Total
1. Unorganized territory north of the 55th Township .....	11,210	\$2.71	\$1.36	\$4.07
2. Local Government District of Mountain .....	5,319	3.04	1.06	4.10
3. Local Government District of Alonsa .....	3,831	3.92	1.04	4.96
4. Local Government District of Grahamdale .....	2,977	1.36	.73	2.09
5. Unorganized territory south of the 55th Township; west of the 19th Range; bounded by the Local Government District of Mountain and the Rural Municipality of Min- itonas, west to the Saskatchewan border, and including the Local Government District of Park A, B and C, Riding Mountain National Park, Duck Mountain Forest Re- serve, and Porcupine Forest Reserve .....	3,551	.94	.43	1.37
6. Local Government District of Fisher .....	5,449	.34	.66	1.00
7. Local Government District of Armstrong .....	5,346	1.12	.72	1.84
8. Unorganized territory South of the 55th Township; West of Lake Winnipeg, bounded by the Local Government District of Fisher, the Rural Municipality of Woodlea, the Local Government District of Grahamdale, Lake Manitoba, and the Local Government District of Alonsa to the 19th Range; includ- ing Park D. ....	200	4.42	2.14	6.56
9. Unorganized Territory South of the 55th Township; east of Lake Win- nipeg, the Local Government Dis- trict of Alexander, the Rural Municipality of Lac du Bonnet, the Local Government Districts of Reynolds and Piney to the Ontario border; including Park E and F. ....	364	17.85	3.16	21.01
10. Local Government District of Alexander .....	3,218	.92	1.17	2.09

Area				Estimated Population	Tuberculosis Per Capita Cost	Other Diseases Per Capita Cost	Total
11.	Local Government District of	Reynolds .....		2,555	.65	.67	1.32
12.	Local Government District of	Stuartburn .....		4,644	.27	.21	.48
13.	Local Government District of	Piney .....		4,131	.52	.68	1.20
				52,795	1.75	.56	2.31

TABLE 6

RESIDENCE OF PATIENTS ADMITTED TO GENERAL HOSPITALS

Calendar Year Ended December 31, 1948.

Hospital	Organized Territory	Unorganized Territory	Non- Residents, Etc.	Total
Altona .....	753	.....	169	922
Birtle .....	302	.....	.....	302
Boissevain .....	287	.....	.....	287
Brandon General .....	4,195	4	109	4,308
Carman .....	873	.....	.....	873
Children's .....	3,136	67	173	3,376
Concordia .....	1,710	14	9	1,733
Convalescent .....	105	14	.....	119
Dauphin .....	2,530	225	77	2,832
Deloraine Memorial .....	838	.....	3	841
Ericksdale .....	265	75	1	341
Ethelbert .....	Report not available.....			
Flin Flon .....	1,236	70	154	1,460
Gimli .....	723	192	60	975
Gladstone .....	432	11	5	448
Grace .....	7,999	81	276	8,356
Grandview .....	392	2	4	398
Hamiota .....	452	....	....	452
Killarney .....	261	....	....	261
King George .....	761	35	103	899
Minnedosa .....	693	67	.....	760
Misericordia .....	8,459	139	260	8,858
Morden .....	1,110	.....	15	1,125
Neepawa .....	1,099	4	8	1,111
Pine Falls .....	320	241	2	563
Portage .....	2,126	142	42	2,310
Russell .....	1,120	31	57	1,208
St. Boniface General .....	14,036	134	482	14,652
St. Josephs .....	2,787	19	41	2,847
Ste. Rose .....	1,280	215	26	1,521
Selkirk General .....	2,450	45	10	2,505
Shoal Lake .....	293	34	....	327
Souris .....	1,038	....	15	1,053
Steinbach .....	1,040	35	5	1,080
Swan River .....	1,056	181	123	1,360



Hospital	Organized Territory	Unorganized Territory	Non-Residents, Etc.	Total
The Pas .....	679	1,191	208	2,078
Teulon .....	351	362	1	714
Victoria .....	2,890	26	35	2,951
Virden .....	1,353	....	47	1,400
Vita .....	427	1	4	432
Winkler .....	1,189	....	16	1,205
Winnipeg General .....	13,250	600	517	14,367
Winnipegosis .....	292	180	10	482
Brandon Sanatorium .....	222	7	24	253
C. T. C. ....	362	55	8	425
Clearwater .....	1	84	34	119
King Edward .....	106	1	30	137
Manitoba Sanatorium .....	304	21	2	327
St. Boniface Sanatorium .....	195	50	17	262
TOTALS .....	87,778	4,655	3,182	95,615

TABLE 7.

STATUTORY GRANT

Under Section 3 Subsection (1) and (3) of Part I of The Hospital Aid Act, 50c per day was paid for each adult public ward patient day, and 25c per day was paid for newborn infants, to public general hospitals. The total grant this year was \$260,167.69, and paid through this bureau to the various hospitals. Grants were paid to the Sanatorium Board of Manitoba for distribution to the various Saratoria to the amount of \$150,000.00, in lieu of statutory grants. These grants were paid under The Tuberculosis Control Act and hence do not appear as disbursements in this report.

Under Section 3, Subsection (2) of Part I of The Hospital Aid Act, the statutory grant was discontinued in certain hospitals, as outlined below, for persons hospitalized in the calendar year ending December 31, 1948:

	Days		Days
Birtle .....	27	Souris .....	115
Brandon .....	2,447	Vita .....	365
Morden .....	365		
		Total .....	3,319

“LONG STAY” PATIENTS IN THE PUBLIC WARDS OF GENERAL HOSPITALS

The department during 1948 has received the usual notification of patients who nave been in the public wards for three months or over; 229 patients remained in general hospitals three months or over during the period January 1 - December 31, 1948.

Days accumulated by above 229 patients for this period—34,559.

DIAGNOSIS OF ABOVE 229 PATIENTS

1. Tuberculosis .....	4	7. Cardiovascular .....	47
2. Other infectious diseases .....	5	8. Respiratory .....	6
3. Cancer .....	23	9. Endocrine .....	9
4. Injuries—accidental and self-inflicted .....	32	*10. Diseases of brain and Nervous System .....	14
5. Gastro—intestinal—including all accessory organs, as diseases of liver, gall bladder and pancreas, except Diabetes .....	12	11. Diseases of the skin .....	8
6. Genito urinary .....	20	12. Diseases of the blood and blood forming organs .....	5
		13. Diseases of the skeletal system .....	25
		14. Senility .....	19

\* Includes mental disturbances.

TABLE 8.

**HOSPITAL CONSTRUCTION PROGRAM, 1945 TO DECEMBER 31, 1949.**  
**Outside Greater Winnipeg—Population: 1946, 413,297; 1949, 464,000 (Estimated)**

	Capacity 1946	Approved Increase Beds	Condemned Beds	Beds Total Existing & Approved
*Swan River Hospital District No. 1 .....	17	....	17	....
District Hospital .....	....	30	....	30
Benito Unit .....	....	10	....	10
Birch River Unit .....	....	10	....	10
Bowsman and Minitonas Units .....	....	16*	....	16
*Roblin Hospital District No. 2 .....	0	16	....	16
*Dauphin Hospital District No. 3 .....	89	....	....	89
Ethelbert .....	11	....	....	11
Gilbert Plains Medical Nursing Unit District No. 3 .....	0	10	....	10
*Winnipegosis No. 4 .....	14	....	....	14
*Ste. Rose du Lac No. 5 .....	40	....	....	40
McCreary Medical Nursing Unit Dist. No. 5A	0	8	....	8
*Russell No. 6 .....	35	....	....	35
Birtle .....	8	....	....	8
*Shoal Lake Hospital District No. 7 .....	15	10*	....	25
Rossburn .....	....	10	....	10
Elphinstone .....	....	0	....	0
*Hamiota Hospital District No. 7A .....	8	....	8	....
District Hospital .....	....	28	....	28
Miniota Unit .....	....	4*	....	4
Kenton Unit .....	....	4*	....	4
Oak River Unit .....	....	4*	....	4
*Minnedosa Hospital District No. 8 .....	8	....	8	....
District Hospital .....	....	26	....	26
*Erikson Medical Nursing Unit District No. 8A	....	7	....	7
*Neepawa Hospital District No. 9 .....	23	....	23	....
District Hospital .....	....	34*	....	34
Glenella Unit .....	....	6*	....	6
*Virden Hospital District No. 10 .....	18	....	....	18
*Souris Hospital District No. 11 .....	25	....	....	25
*Brandon No. 12 .....	202	....	....	202
*Carberry Medical Nursing Unit Dist. No. 17A	....	10	....	10
*Deloraine Hospital District No. 14 .....	14	....	....	14
*Turtle Mountain Hospital District No. 15	....	....	....	....
District Hospital .....	....	30	....	30
Boissevain Unit .....	....	10	....	10
Cartwright Unit .....	....	6	....	6
Crystal City Unit .....	....	6	....	6
*District No. 16 .....	....	....	....	....
*Baldur Medical Nursing Unit District No. 16A	....	7	....	7
*Glenboro Nursing Unit District 16B .....	....	4	....	4
*Gladstone Hospital District No. 17 .....	8	....	8	....
District Hospital .....	....	16	....	16
Langruth Unit .....	....	4*	....	4
Plumas Unit .....	....	4*	....	4
*Portage la Prairie Hospital District No. 18	76	....	....	76
*Carman Hospital District No. 20 .....	19	....	19	....
District Hospital .....	....	43	....	43
Roland Hospital .....	....	6*	....	6
Miami Unit .....	....	6*	....	6
Elm Creek Unit .....	....	6*	....	6
*Morden Hospital District No. 21 .....	20	....	....	20
District Hospital .....	....	30	....	30
Manitou Unit .....	....	6*	....	6
Pilot Mound Unit .....	....	6*	....	6
*Altona Hospital District No. 23 .....	11	....	11	....
District Hospital .....	....	30	....	30



	Capacity 1946	Approved Increase Beds	Condemned Beds	Beds Total Existing & Approved
Winkler Hospital District No. 24 .....	21	11	....	32
Morris Hospital District No. 25 .....	....	....	....	....
District Hospital .....	....	21	....	21
Dominion City Unit .....	....	8*	....	8
Emerson Unit .....	....	10*	....	10
Letellier Unit .....	....	6*	....	6
St. Jean Unit .....	....	6*	....	6
DeSalaberry Medical Nursing Unit Dist. 26A .....	....	10	....	10
Steinbach Hospital District No. 27 .....	14	29	....	43
Vita Hospital District No. 28 .....	18	....	....	18
Beausejour Hospital District No. 29 .....	....	16	....	16
Whitemouth Medical Nursing Unit District No. 29A .....	....	10	....	10
Pine Falls No. 30 .....	24	....	....	24
Selkirk No. 31 .....	42	....	....	42
Gimli No. 32 .....	40	....	....	40
Arborg Medical Nursing Unit Dist. No. 32A .....	....	8	....	8
Teulon No. 33 .....	30	....	....	30
Fisher Branch Medical Nursing Unit District No. 33 .....	....	10	....	10
Eriksdale No. 34 .....	10	....	....	10
The Pas No. 35 .....	91	....	....	91
Flin Flon No. 36 .....	34	40	....	74
Grandview .....	8	....	....	8
Total .....	993	648	94	1547

HOSPITAL CONSTRUCTION PROGRAM TO DATE

Within Greater Winnipeg—Population: 1946, 313,626; 1949, 314,000 (Estimated)

	Capacity 1946	Approved Increase Beds	Condemned Beds	Beds Total Existing & Approved
Winnipeg General Hospital .....	613	132	....	745
St. Boniface Hospital .....	427	....	....	427
Winnipeg Municipal Hospital .....	230	208	....	438
Grace Hospital .....	211	54	....	265
St. Joseph's Hospital .....	79	....	....	79
Misericordia Hospital .....	252	27	....	279
Children's Hospital .....	145	....	145	....
Shriners' Hospital .....	....	40	....	40
Victoria Hospital .....	84	103	21	166
Convalescent Hospital .....	40	....	....	40
Concordia Hospital .....	47	....	....	47
Total .....	2,128	564	166	2,526
Totals for Province of Manitoba .....	3,121	1,212	260	4,073

\* "Construction not started as at December 31, 1949".

TABLE 9.

SUMMARY OF HOSPITAL CONSTRUCTION GRANTS

(Paid from January 1, 1949, to December 31, 1949)

(Half of each amount is provided by the Government of Canada  
and half by the Government of Manitoba)

	Greater Winnipeg	Outside Greater Winnipeg
Altona .....	.....	\$ 6,569.79
Arborg .....	.....	4,666.66
Benito .....	.....	6,999.99
Birch River .....	.....	6,999.99
Boissevain and Morton Memorial .....	.....	730.10
Carberry .....	.....	2,500.00
Carman .....	.....	34,999.99
Cartwright .....	.....	6,936.00
Dauphin .....	.....	8,448.00
DeSalaberry Municipal Hospital .....	.....	9,249.99
Fisher Branch .....	.....	6,000.00
Killarney .....	.....	626.90
McCreary .....	.....	6,999.99
Minnedosa .....	.....	14,166.66
Misericordia .....	20,250.00	.....
Morris .....	.....	11,833.32
Princess Elizabeth (Wpg. Municipal) .....	155,804.07	.....
Roblin .....	.....	9,500.00
Steinbach .....	.....	17,250.00
Swan River .....	.....	8,416.66
Whitemouth .....	.....	5,666.66
Wpg. General Maternity Pavilion .....	133,359.27	.....
TOTALS .....	\$309,413.34	\$168,560.70



TABLE 10.

SUMMARY OF BED CAPACITY, COMPLEMENT DAY RATE AND COMPARATIVE STAFFS OF ALL HOSPITALS AND SANATORIA  
Calendar Year Ended December 31, 1948.

Over 74 Beds	HOSPITAL	Classification	Ownership	HOSPITAL CAPACITY				BEDS COMPLEMENT				CLASSIFICATION OF BED COMPLEMENT										NURSES				OTHERS							
				Beds	Crib	Bassinets	Total	Beds	Crib	Bassinets	Total	Gen. Med. & Surgical	Obstetrics	Tuberculosis	Contagious	Incurable	Administrative	*Salaried Doctors	Internes	Technicians	Registered		Nurses		Practical		Graduate Dietitians	Social Service Workers	Orderlies and Ward Helpers	All Others	Total Staff		
																					Graduate	Student	Probationers	Affiliates	Licensed	Student							
1. Brandon .....	G.	Co.	210	12	35	257	213	13	38	264	166	36	....	24	....	18	2/1	....	5	30	52	4	....	....	....	....	....	46	37	195			
2. Children's (Out Patient) .....	C.	Co.	63	62	....	125	68	67	....	135	116	....	....	19	....	11	2/1	4	12	20	31	6	23	....	....	2	1	10	47	170			
3. Dauphin .....	G.	Co.	79	15	18	112	79	15	18	112	74	16	....	4	....	7	-/-	....	....	12	22	4	....	7	....	1	....	16	32	101			
4. Grace (Out Patient) .....	G.	R.	242	3	90	335	242	3	90	335	164	78	....	....	....	17	2/2	5	5	40	112	21	....	....	1	....	2	72	279				
5. Misericordia .....	G.	R.	237	13	53	303	235	22	53	310	208	49	....	....	....	1	2/4	5	3	32	102	12	....	....	....	2	....	4	141	308			
6. Portage .....	G.	Co.	63	8	15	86	67	8	15	90	57	18	....	....	....	5	-/-	....	1	14	22	2	....	....	....	....	....	2	33	79			
7. St. Boniface (Out Patient) .....	G.	R.	482	32	66	580	482	32	66	580	333	67	....	47	....	44	9/3	24	2	76	184	....	....	....	....	1	....	36	217	596			
8. St. Joseph .....	G.	R.	82	....	14	96	80	....	14	94	66	14	....	....	....	9	-/3	1	2	16	....	....	15	8	....	....	9	36	99				
9. The Pas .....	G.	R.	74	30	16	120	80	30	16	126	86	15	....	3	....	4	-/-	....	1	7	10	2	....	2	....	....	10	29	65				
10. Victoria .....	G.	Co.	117	....	22	139	117	....	22	139	96	21	....	....	....	7	1/3	4	3	16	33	4	....	4	....	1	....	32	108				
11. Winnipeg General (Out Patient) .....	G.	Co.	580	36	52	668	566	35	52	653	549	52	....	....	....	53	8/4	46	51	116	237	27	11	....	....	6	6	90	273	928			
12. Municipal .....	T.C.	M.	165 175	....	....	165 175	165 175	....	....	165 175	....	....	165	....	....	8	4/2	1	3	23	27	....	....	....	16	2	....	6	116	208			
13. Central T.B. Clinic .....	T.	S.B.	47	3	....	50	44	3	....	47	....	....	47	....	....	3	1/2	....	2	5	....	....	6	....	....	....	....	2	9	30			
14. Manitoba San. .....	T.	S.B.	270	....	....	270	270	....	....	270	....	....	270	....	....	12	4/-	....	5	12	....	....	....	....	....	....	....	38	87	158			
15. St. Boniface Sanatorium .....	T.	R.	242	45	3	290	231	44	3	278	....	....	275	....	....	8	3/-	1	2	32	8	3	6	....	....	....	1	6	101	171			
16. Clearwater Lake Sanatorium .....	T.	S.B.	136	28	....	164	136	28	....	164	....	....	164	....	....	8	2/-	....	2	3	....	....	....	4	....	....	11	43	73				
17. Brandon San. .....	T.	S.B.	235	25	4	264	235	25	4	264	....	....	260	....	....	9	4/-	....	2	11	....	....	4	....	....	2	54	49	135				
Totals .....			3,499	312	388	4,199	3,485	325	391	4,201	1,905	366	1,181	272																			
1. Carman General .....	G.	Co.	40	6	11	57	40	6	11	57	33	11	....	2	....	2	-/-	....	....	8	....	....	....	....	5	....	....	1	10	26			
2. Concordia .....	G.	R.	47	3	16	66	47	3	16	66	36	14	....	....	....	2	-/-	....	2	7	....	....	....	....	....	....	14	10	35				
3. Convalescent .....	Cv.	W.A.	56	....	....	56	56	....	....	56	56	....	....	....	....	1	-/-	....	....	1	....	....	....	5	....	....	2	5	14				
4. Flin Flon Gen. ....	G.	R.	32	3	10	45	33	9	17	59	30	12	....	....	....	3	-/-	....	1	7	....	....	....	6	....	....	4	13	34				
5. Gimli .....	G.	R.	40	2	10	52	37	2	10	49	25	14	....	....	....	....	-/-	....	....	1	....	....	5	....	....	1	....	6	13				
6. Killarney .....	G.	M.	30	1	10	41	31	1	6	38	26	6	....	....	....	....	-/-	....	....	2	....	....	....	1	....	....	....	3	5				
7. Morden .....	G.	Co.	32	2	11	45	31	2	11	44	28	5	....	....	....	1	-/-	....	....	8	....	....	....	4	4	....	....	13	30				
8. Neepawa .....	G.	Co.	29	3	8	40	29	3	8	40	24	8	....	....	....	2	-/-	....	....	9	....	....	....	....	2	....	2	8	23				
9. Russell .....	G.	R.	48	4	15	67	46	4	15	65	33	17	....	....	....	1	-/-	....	....	2	....	....	....	....	9	....	2	9	23				
10. Ste. Rose .....	G.	R.	36	4	10	50	36	4	10	50	35	3	....	2	....	4	-/-	....	1	5	....	....	....	3	14	1	....	1	9				
11. Selkirk General .....	G.	Co.	56	4	12	72	48	4	12	64	42	6	....	4	....	2	-/-	....	....	8	....	....	....	5	8	....	3	9	35				
12. Souris and Glenwood....	G.	M.	32	3	8	43	30	3	8	41	26	7	....	....	....	2	-/-	....	....	7	....	....	....	....	....	....	4	5	18				
13. Steinbach .....	G.	R.	14	....	5	19	25	6	11	42	15	16	....	....	....	1	-/-	....	1	5	....	....	....	3	3	....	1	7	21				
14. Teulon .....	G.	R.	26	3	8	37	26	3	8	37	21	4	....	4	....	2	-/-	....	....	3	....	....	....	....	....	....	3	5	13				
15. Winkler .....	G.	R.	40	2	16	58	35	....	12	47	24	11	....	....	....	1	-/-	....	....	5	....	....	....	....	....	....	5	9	20				
Totals .....			558	40	150	748	550	50	155	755	454	134	....	12																			
Up to 29 Bed Capacity:																																	
1. Altona .....	G.	R.	34	3	8	45	32	3	8	43	20	15	....	....	....	4	-/-	....	....	3	....	4	....	....	....	....	1	8	20				
2. Birtle .....	G.	R.	15	2	3	20	14	2	3	19	16	....	....	....	....	1	-/-	....	....	1	....	....	....	1	....	....	1	3	7				
3. Boissevain .....	G.	M.	15	1	6	22	15	1	6	22	10	4	....	2	....	11	-/-	....	....	7	....	....	....	....	....	3	6	27					
4. Deloraine .....	G.	M.	17	1	6	24	17	1	6	24	12	6	....	....	....	1	-/-	....	1	5	....	....	....	....	1	....	1	3	12				
5. Eriksdale .....	G.	R.	14	2	9	25	14	2	9	25	10	6	....	....	....	....	-/-	....	....	2	....	....	....	....	....	4	3	9					
6. Ethelbert .....	(Report not available)																																
7. Gladstone .....	G.	Co.	18	1	6	25	15	1	6	22	12	4	....	....	....	1	-/-	....	....	4	....	....	....	....	....	....	1	3	9				
8. Grandview .....	G.	M.	12	3	4	19	10	3	4	17	5	8	....	....	....	....	-/-	....	....	4	....	....	....	....	....	....	2	2	8				
9. Hamiota .....	G.	Co.	10	1	3	14	10	1	3	14	7	4	....	....	....	....	-/-	....	....	3	....	....	....	....	1	....	....	3	7				
10. Minnedosa .....	G.	M.	12	1	5	18	20	2	7	29	22	....	....	....	....	....	-/-	....	....	7	....	....	....	....	....	....	3	3	13				
11. Pine Falls .....	G.	Co.	18	4	6	28	18	4	6	28	17	3	....	2	....	1	-/-	....	....	5	....	....	....	....	....	1	4	11					
12. Shoal Lake .....	G.	M.	17	1	8	26	17	1	8	26	10	8	....	....	....	1	-/-	....	....	3	....	....	....	....	1	....	1	3	9				
13. Swan River .....	G.	R.	24	1	9	34	24	1	9	34	19	6	....	....	....	2	-/-	....	....	4	....	....	....	....	3	....	3	7	19				
14. Virden .....	G.	Co.	18	1	6	25	21	1	6	28	16	6	....																				

Co.—Community, R.—Religious, M.—Municipal, S.B.—Sanatorium Board of Manitoba, W.A.—Women's Auxiliary, G.—General, Ch.—Children, T.C.—Tuberculosis Contagious. T.—Tuberculosis, Cv. Convalescent.

\*\*\*—Capacity Figures taken from returns made by each hospital.  
\*—Salaried doctors (full-time/part-time).





TABLE 11.  
  
PATIENT DAYS OF ALL PATIENTS WHO DIED OR WERE DISCHARGED  
DURING THE YEAR

Hospital	Adults and Children	Newborns	Total	Average Day Stay	% of Occupancy
(a)					
1. Brandon General .....	59,719	9,411	69,130	13.84	68.11
2. Children's .....	39,996	.....	39,996	11.82	81.77
3. Dauphin General .....	18,609	3,036	21,645	6.60	56.48
4. Grace .....	73,276	18,146	91,422	8.77	83.97
5. Misericordia .....	81,518	13,660	95,178	9.17	85.04
6. Portage la Prairie .....	16,728	4,002	20,730	7.24	64.44
7. St. Boniface General .....	149,531	16,107	165,638	10.20	77.67
8. St. Joseph's .....	24,278	3,070	27,348	8.50	83.88
9. The Pas .....	21,494	2,190	23,684	10.30	59.44
10. Victoria .....	23,850	2,843	26,693	8.08	58.26
11. Winnipeg General .....	194,375	15,830	210,205	13.53	88.20
12. Municipal Contagious) .....	11,896	15	11,911	13.22	18.16
Municipal (T.B.) .....	59,311	.....	59,311	429.79	89.33
13. Central T.B. Clinic .....	14,956	.....	14,956	34.06	86.83
14. Manitoba San. ....	97,333	.....	97,333	291.42	93.83
15. St. Boniface San. ....	31,123	55	31,178	131.88	94.18
16. Clearwater Lake .....	23,195	.....	23,195	216.78	53.92
17. Brandon San. ....	32,027	535	32,562	187.29	78.94
	973,215	88,900	1,062,115		
(b)					
1. Carman .....	7,804	1,470	9,274	8.99	50.84
2. Concordia .....	12,525	2,115	14,640	7.18	69.24
3. Convalescent .....	6,730	.....	6,730	58.01	78.68
4. Flin Flon .....	11,174	2,485	13,659	7.69	76.45
5. Gimli .....	6,570	1,473	8,403	6.71	57.00
6. Killarney .....	1,785	346	2,131	7.08	16.46
7. Morden .....	7,191	1,502	8,693	6.42	69.66
8. Neepawa .....	6,856	1,918	8,774	7.62	60.12
9. Russell .....	10,633	2,206	12,839	8.78	56.65
10. St. Rose .....	11,939	1,165	13,104	7.88	80.58
11. Selkirk General .....	10,760	1,634	12,394	4.31	57.85
12. Souris .....	7,261	1,352	8,613	6.90	64.18
13. Steinbach .....	6,880	2,597	9,477	6.39	61.56
14. Teulon .....	4,738	1,083	5,821	6.66	46.07
15. Winkler .....	8,962	2,578	11,540	7.47	72.84
	121,808	23,924	145,732		
(c)					
1. Altona .....	5,321	2,435	7,756	5.75	41.88
2. Birtle .....	2,586	442	3,028	8.50	44.48
3. Boissevain .....	2,559	571	3,130	9.04	45.87
4. Deloraine .....	4,266	823	5,089	5.05	65.00
5. Eriksdale .....	2,544	1,174	3,718	7.50	43.78
6. Ethelbert .....	Report not available				
7. Gladstone .....	3,205	784	3,989	7.07	51.49
8. Grandview .....	1,785	1,041	2,826	5.93	37.62
9. Hamiota .....	3,031	992	4,023	6.82	76.12
10. Minnedosa .....	4,810	1,459	6,269	6.30	59.33
11. Pine Falls .....	4,593	1,053	5,646	8.23	57.77
12. Shoal Lake .....	3,507	1,095	4,602	10.56	54.32
13. Swan River .....	7,686	1,976	9,662	5.65	86.33
14. Virden .....	5,598	1,158	6,756	3.97	69.99
15. Vita .....	2,682	1,079	3,761	6.22	44.29
16. Winnipegosis .....	5,075	815	5,890	10.57	56.59
Totals .....	59,248	16,897	76,145		
Grand Totals .....	1,154,271	129,721	1,283,992		



TABLE 12.  
TOTAL REVENUE, EXPENDITURE, AND NET EARNINGS  
Calendar Year, January-December, 1948.

Hospital		Net Earnings	Total Revenue	Total Expenditure	Surplus	Deficit
OVER 74 BED CAPACITY	Brandon .....	\$ 331,989.00	\$ 375,973.00	\$ 386,487.00	.....	\$ 10,514.00
	Children's .....	186,117.00	265,159.00	282,256.00	.....	17,097.00
	Dauphin .....	108,971.00	121,343.00	131,697.00	.....	10,354.00
	Grace .....	470,922.00	534,615.00	453,113.00	81,502.00	.....
	Misericordia .....	485,290.00	516,838.00	533,863.00	.....	17,025.00
	Portage la Prairie .....	107,003.00	117,678.00	113,930.00	3,748.00	.....
	St. Boniface .....	805,079.00	923,741.00	941,042.00	.....	17,301.00
	St. Joseph .....	158,043.00	183,012.00	176,379.00	6,633.00	.....
	The Pas .....	53,086.00	113,815.00	92,356.00	20,459.00	.....
	Victoria .....	133,057.00	146,403.00	158,684.00	.....	12,281.00
	Winnipeg General .....	1,334,380.00	1,454,684.00	1,527,287.00	.....	72,603.00
	Municipal .....	87,192.00	501,441.00	501,441.00	.....	.....
	Central T.B. Clinic .....	7,102.00	101,786.00	80,598.00	21,188.00	.....
	Manitoba San. ....	41,485.00	397,327.00	344,464.00	52,863.00	.....
	St. Boniface San. ....	5,355.00	322,121.00	340,893.00	.....	18,772.00
	Clearwater Lake .....	180,834.00	184,300.00	192,458.00	.....	8,158.00
	Brandon San. ....	363,484.00	369,333.00	335,365.00	33,968.00	.....
Total .....		\$4,859,389.00	\$6,629,569.00	\$6,593,313.00	220,361.00	184,105.00
30 TO 74 BED CAPACITY	Carman .....	41,697.00	51,028.00	48,358.00	2,670.00	.....
	Concordia .....	18,602.00	80,222.00	71,073.00	9,149.00	.....
	Convalescent .....	23,108.00	25,912.00	29,241.00	.....	3,329.00
	Flin Flon .....	20,497.00	98,249.00	82,711.00	15,538.00	.....
	Gimli .....	21,735.00	35,519.00	34,723.00	796.00	.....
	Morden .....	40,361.00	43,058.00	41,570.00	1,488.00	.....
	Neepawa .....	38,317.00	49,448.00	45,541.00	3,907.00	.....
	Russell .....	40,483.00	46,794.00	42,277.00	4,517.00	.....
	Ste. Rose .....	58,305.00	66,677.00	63,699.00	2,978.00	.....
	Selkirk .....	44,937.00	61,746.00	63,564.00	.....	1,818.00
	Souris .....	40,656.00	44,495.00	46,007.00	.....	1,512.00
	Steinbach .....	35,775.00	40,832.00	39,595.00	1,237.00	.....
	Teulon .....	14,683.00	22,491.00	25,774.00	.....	3,283.00
	Winkler .....	36,089.00	49,067.00	40,143.00	8,924.00	.....
	Killarney .....	13,429.00	14,473.00	16,070.00	.....	1,597.00
Total .....		488,674.00	730,011.00	690,346.00	51,204.00	11,539.00
UP TO 29 BED CAPACITY	Altona .....	27,399.00	31,703.00	31,806.00	.....	103.00
	Birtle .....	6,224.00	9,729.00	9,484.00	245.00	.....
	Deloraine .....	18,916.00	29,321.00	32,590.00	.....	3,269.00
	Eriksdale .....	10,889.00	15,049.00	15,495.00	.....	446.00
	Gladstone .....	14,578.00	16,923.00	18,117.00	.....	1,194.00
	Grandview .....	6,882.00	10,941.00	12,001.00	.....	1,060.00
	Hamiota .....	19,400.00	22,345.00	22,629.00	.....	284.00
	Minnedosa .....	26,902.00	30,436.00	30,287.00	149.00	.....
	Pine Falls .....	18,788.00	22,558.00	44,531.00	.....	21,973.00
	Shortdale .....	15,325.00	17,537.00	18,481.00	.....	944.00
	Swan River .....	31,329.00	36,973.00	33,797.00	3,176.00	.....
	Virden .....	31,333.00	34,989.00	35,670.00	.....	681.00
	Vita .....	9,439.00	27,644.00	25,132.00	2,512.00	.....
	Winnipegosis .....	11,251.00	17,427.00	17,260.00	167.00	.....
	Boissevain .....	16,511.00	17,834.00	20,274.00	.....	2,440.00
	Ethelbert .....	.....	.....	.....	.....	.....
Totals .....		265,166.00	341,409.00	367,554.00	6,249.00	32,394.00
Grand Totals .....		\$5,613,229.00	\$7,700,989.00	\$7,651,213.00	\$277,814.00	\$228,038.00



TABLE 13

## SUMMARY OF INDICES OF COSTS AND PERFORMANCE

Calendar Year Ended December 31, 1948

Hospital	(Based on Report of Commission)		Av. Number Patients in Hosp. Per Day	Admissions	Patient Days	Operations		Average Number of Employees	Ratio of Operations to Admissions	Ratio of Employees to Av. Patient Per Day	Ratio of Nurses to Av. Patient	Ratio of Registered Nurses to Students and Others	Average Day Stay	% of Occupancy	Deaths				Av. Cost Per Patient Day
	Capacity	Complement				Excluding Newborns	Excluding Newborns								Major	Minor	Under 48 Hours	Over 48 Hours	
1. Brandon General .....	202	225	153.93	4,308	56,186	1,257	1,477	195	.63	1.3	.85	.29	13.84	68.11	35	143	655	27	6.88
2. Children's .....	145	145	110.40	3,376	40,297	1,530	285	170	.53	1.5	.82	.28	11.82	81.77	41	34	.....	....	7.00
3. Dauphin General .....	89	99	53.09	2,832	19,380	419	1,097	101	.53	1.9	1.1	.24	6.60	56.48	24	54	389	11	6.79
4. Grace .....	260	260	205.71	8,356	75,086	1,648	2,894	279	.54	1.3	.85	.29	8.77	83.97	54	152	2,365	78	7.03
5. Misericordia .....	247	247	218.56	8,858	79,773	1,561	3,045	308	.52	1.4	.68	.27	9.17	85.04	49	165	1,742	62	6.69
6. Portage la Prairie .....	60	72	48.33	2,310	17,641	320	555	79	.37	1.7	.83	.54	7.24	64.44	37	52	509	14	6.46
7. St. Boniface General .....	427	455	398.95	14,652	145,618	3,268	4,477	596	.53	1.5	.74	.35	10.20	77.67	101	279	2,041	77	6.46
8. St. Joseph's General .....	79	94	67.10	2,847	24,493	493	1,158	99	.58	1.5	.71	.50	8.50	83.88	21	57	431	25	7.20
9. The Pas .....	76	95	65.38	2,078	23,846	164	427	65	.28	1.0	.48	.29	10.30	59.44	8	45	250	13	3.91
10. Victoria .....	78	110	68.17	2,951	24,882	441	830	108	.42	1.8	.84	.39	8.08	58.26	35	77	383	12	6.38
11. Winnipeg General .....	613	613	530.12	14,367	193,493	4,205	5,929	928	.70	1.8	.90	.32	13.53	88.20	153	445	1,859	62	7.89
12. Municipal (Contagious) .....	175	175	31.78	899	11,601	.....	.....	(208	....	(1.1	(.40	(.69	13.22	18.16	2	8	2	....	(7.67
Municipal (T.B.) .....	165	165	147.39	137	53,796	.....	.....	(	....	(	(	(	429.79	89.33	2	26	.....	....	(
13. Central T.B. Clinic .....	50	47	40.43	425	14,756	.....	.....	30	....	.75	.32	.62	34.06	86.01	1	11	.....	....	5.46
14. Manitoba San. ....	272	272	253.34	327	92,469	.....	.....	158	....	.62	.19	.31	291.42	93.83	....	16	.....	....	3.73
15. St. Boniface San. ....	287	275	259.02	262	94,541	.....	.....	171	....	.66	.21	1.4	131.88	94.18	....	49	4	....	3.60
16. Clearwater Lake San. ....	78	92	88.44	119	32,279	.....	.....	73	....	.83	.20	.20	216.78	53.92	25	.....	.....	....	5.90
17. Brandon San. ....	260	260	205.25	253	74,915	.....	.....	135	....	.66	.34	.19	187.29	78.94	....	32	.....	....	4.48
Totals	3,563	3,701		69,357	1,075,052	15,306	22,174								588	1,645	10,630	381	
1. Carman .....	19	35	23.38	873	8,536	132	312	26	.50	1.1	.60	1.3	8.99	50.84	4	22	189	6	5.66
2. Concordia .....	50	50	34.62	1,733	12,636	346	391	35	.43	1.0	.60	.50	7.18	69.24	9	20	311	6	5.62
3. Convalescent .....	40	40	44.06	119	16,081	.....	.....	14	....	.52	.18	.14	58.01	78.68	..	7	.....	..	1.82
4. Flin Flon .....	27	40	32.11	1,460	11,720	103	515	34	.42	1.0	.53	.70	7.69	76.45	7	10	324	7	7.06
5. Gimli .....	36	36	21.09	975	7,698	90	199	13	.29	.62	.29	.20	6.71	57.00	7	14	217	2	4.51
6. Killarney * .....	30	30	5.27	261	1,922	22	63	6	.33	1.2	.60	1.1	7.08	16.46	1	6	47	..	8.36
7. Morden .....	31	31	22.98	1,125	8,390	235	259	30	.44	1.3	.69	1.0	6.42	69.66	6	13	149	1	4.95
8. Neepawa .....	23	30	19.35	1,111	7,062	96	224	23	.36	1.2	.68	2.2	7.62	60.12	6	21	213	5	6.77
9. Russell .....	35	52	28.32	1,208	10,338	194	113	23	.25	.82	.46	.18	8.78	56.65	22	22	249	20	4.09
10. Ste. Rose .....	27	37	32.23	1,521	11,765	284	450	38	.48	1.2	.71	.28	7.88	80.58	11	38	206	11	5.42
11. Selkirk General .....	42	50	30.08	2,505	10,978	172	987	35	.46	1.2	.53	.50	4.31	57.85	18	49	361	25	5.90
12. Souris .....	25	26	21.18	1,053	7,730	165	210	18	.31	.86	.52	1.7	6.90	64.18	15	20	144	7	5.95
13. Steinbach .....	16	27	19.08	1,080	6,965	79	449	21	.48	1.1	.46	.71	6.39	61.56	10	14	316	17	5.64
14. Teulon .....	30	30	13.36	714	4,877	70	87	13	.22	1.0	.46	1.0	6.66	46.07	6	3	116	3	5.28
15. Winkler .....	35	35	25.49	1,205	9,305	157	352	20	.42	.80	.40	1.0	7.47	72.84	3	6	299	7	4.31
	466	549		16,943	136,004	2,145	4,611								125	265	3,141	117	
1. Altona .....	30	30	14.66	922	5,350	81	201	20	.30	1.3	.53	.60	5.75	41.88	8	5	290	9	5.94
2. Birtle .....	8	12	7.12	302	2,598	27	16	7	.14	1.0	.42	.50	8.50	44.48	..	4	45	1	3.65
3. Boissevain * .....	10	12	7.34	287	2,679	38	67	27	.36	3.8	1.4	2.5	9.04	45.87	3	8	59	..	7.57
4. Deloraine .....	14	18	11.70	841	4,271	70	165	12	.27	1.0	.58	2.5	5.05	65.00	9	9	122	6	7.63
5. Eriksdale .....	10	15	7.00	341	2,557	....	41	9	.12	1.3	.85	.50	7.50	43.78	4	7	128	3	6.06
6. Ethelbert .....	Report not available																		
7. Gladstone .....	8	14	8.24	448	3,007	17	100	9	.26	1.1	.62	4.0	7.07	51.49	2	3	95	5	6.02
8. Grandview .....	8	10	4.89	398	1,785	....	42	8	.14	1.6	1.2	2.0	5.93	37.62	3	6	120	4	6.72
9. Hamiota .....	8	12	8.37	452	3,056	97	101	7	.34	.87	.50	3.0	6.82	76.12	2	2	127	3	7.40
10. Minnedosa .....	9	13	13.05	760	4,763	65	172	13	.31	1.0	.77	2.3	6.30	59.33	4	4	174	3	6.36
11. Pine Falls .....	15	24	12.70	563	4,639	49	3	11	.09	.85	.46	5.0	8.23	57.77	9	7	134	44	9.59
12. Shoal Lake .....	15	15	9.78	327	3,569	44	38	9	.25	.90	.50	1.5	10.56	54.32	2	9	107	4	5.18
13. Swan River .....	17	21	21.59	1,360	7,878	147	528	19	.49	.86	.45	.66	5.65	86.33	8	12	290	8	4.28
14. Virden .....	18	20	15.39	1,400	5,620	239	382	28	.44	1.8	.86	1.6	3.97	69.99	13	20	191	13	6.35
15. Vita .....	18	18	8.42	432	3,072	34	201	11	.54	1.4	.50	1.0	6.22	44.29	3	8	111	9	8.18
16. Winnipegosis .....	14	18	13.58	482	4,957	37	55	11	.19	.79	.43	.20	10.57	56.59	4	8	91	4	3.48
Totals	202	252		9,315	59,801	945	2,112								74	112	2,084	76	
GRAND TOTALS	4,231	4,502		95,615	1,270,857	18,396	28,870								787	2,022	15,855	574	

NOTE: \* Boissevain and Killarney opened in May 1948 and June 1948 respectively.







# Dental Services

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Dr. M. R. Elliott, D.P.H.,  
Director, Extension Health Services,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I wish to submit the following report of the Bureau of Dental Services for the year ending December 31, 1949.

There has been some growth of the school dental program, even greater than anticipated. This increased activity has been possible by the fortuitous presence of two clinicians for a considerable part of the year. Clinics were held in 37 centres which indicates a considerable amount of travel, particularly since many centres are quite inaccessible from dental service. Another municipality joined the service, making a total of 5 now being serviced. The need for organization and equipment of travelling clinics has not been solved.

Several large school groups were surveyed at the request of some responsible local body and the findings tabled. These large groups are not likely to take action since the requirements are quite staggering in time and effort.

A summary of the school dental clinics is listed as follows:

Number of operating days.....	285	an increase of	9%	over previous year
Number of clinicians .....	11	a decrease of	38%	" " "
Number of centres .....	37			

Number of patients:

Passed as O. K. ....	1,315	an increase of	59%	" " "
Operated on .....	3,243	an increase of	18%	" " "

Number of Extractions:

Deciduous teeth .....	2,636	an increase of	49%	" " "
Permanent teeth .....	854	an increase of	43%	" " "

Number of Fillings:

All types .....	5,011	an increase of	23%	" " "
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Prophylaxis and other

miscellaneous treatment	372	an increase of	3%	" " "
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The educational aspect of the dental program has continued as in the past but it is considered that greater emphasis should be given this phase of activity. All clinicians have commented on the need to improve the oral hygiene of the school population.

The Dental Public Health Committee of the Manitoba Dental Association has been quite active during the past year and it is anticipated that it will continue to function with the Director of Dental Services being an ex-officio member.

An effort has been made to improve the oral hygiene of patients at the hospitals for mental diseases in Manitoba by the introduction of a suitable dentifrice and tooth brush. The use of the dentifrice has been adopted. A small research project on the Gottlieb theory of caries prevention indicated that it did not warrant further consideration.

An effort was made to comply with the W. K. Kellogg Foundation grant for educational activity and a very successful series of addresses was given by Dr. R. R. McIntyre. The bureau in conjunction with the Department of National Health and Welfare and the Winnipeg Dental Association organized the clinics given by Dr. S. A. MacGregor.

Respectfully submitted,

W. G. CAMPBELL,

Director of Dental Services.



# DIVISION OF PSYCHIATRIC SERVICES

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## Reports of:

### 1. PROVINCIAL PSYCHIATRIST.

### 2. INSTITUTIONS:

(i) Psychopathic Hospital, Winnipeg

(ii) Hospital for Mental Diseases, Brandon

(iii) Hospital for Mental Diseases, Selkirk

(iv) Manitoba School for Mentally Defective Persons,  
Portage la Prairie.

### 3. COMMUNITY HEALTH SERVICES.





# Psychiatric Services

## PROVINCIAL PSYCHIATRIST

Doctor C. R. Donovan, D.P.H.,  
Acting Deputy Minister of Health and Public Welfare,  
Parliament Buildings,  
Winnipeg, Manitoba.

Dear Sir:

I have the honour to submit the Annual Report of the Division of Psychiatric Services for the year ending December 31st, 1949.

The statistical summary printed immediately below deals with the movement of patients in the Winnipeg Psychopathic Hospital and the two hospitals at Brandon and Selkirk. This is a combined summary and is without reference to the Training School for Mental Defectives at Portage la Prairie. This latter institution receives attention later in this report.

### STATISTICAL SUMMARY

(Movement of patients from January 1st, 1949 to December 31st, 1949, at the three institutions of Brandon, Selkirk and the Winnipeg Psychopathic)

	Men	Women	Total	Prev. Year
Remaining in hospital December 31, 1948 .....	1,397	1,255	2,652	2,638
On Parole, or otherwise absent .....	68	91	159	137
Total on Register December 31, 1948 .....	1,465	1,346	2,811	2,775
<b>Admitted:</b> January 1st to December 31, 1949				
Winnipeg Psychopathic .....	252	293	545	.....
Brandon Hospital .....	118	132	250	.....
Selkirk Hospital .....	115	163	278	.....
Total .....	485	588	1,073	.....
Transfers (excluded) .....	102	147	249	.....
	383	441	824	775
Total under treatment .....	1,848	1,787	3,635	3,550
<b>Discharged:</b> January 1st to December 31, 1949 .....	290	354	644	595
(Transfers and deaths omitted)				
As "Recovered" .....	68	139	207	202
"Much Improved" .....	32	29	61	62
"Improved" .....	130	124	254	241
"Unimproved" .....	32	27	59	71
"Not Psychotic" .....	15	9	24	19
"Not Psychotic" (Psychopathic Hospital) ..	60	15	75	68
Transfers between hospitals .....	103	147	250	221
Deaths .....	83	53	136	139

	Men	Women	Total	Prev. Year
Total discharged and died during the year .....	373	407	780	734
% discharged of number treated .....	15.5	19.8	17.6	16.7
% discharged of number admitted .....	79.1	75.0	77.0	77.1
% died of number treated .....	4.4	2.9	3.65	3.85
Remaining in Hospital December 31, 1949 .....	1,415	1,251	2,666	2,652
On parole or otherwise absent .....	60	116	176	159
Total on Register December 31st, 1949 .....	1,475	1,367	2,842	2,811

Very valuable information can be derived from a study of these statistical tables which are collected at great pains year by year. They are the book-keeping of our work, and indicate trends in rates of admission, discharge and recovery.

The total number of patients receiving care was greater, the numbers admitted greater, the numbers discharged greater, and the number remaining in hospital was increased by the small figure of 14, by an amazing coincidence, the same increase as in 1948.

Keeping the annual increment down to 14 per year in two successive years, in spite of increasing admissions, represents a great effort on the part of the staff of these hospitals, and an element of success in treatment and rehabilitation.

The death rate is slightly lower, 3.65% in 1949, as compared to 3.85% in 1948.

The following tables represent the main facts regarding admissions, discharges and deaths in the four institutions, including the Training School at Portage la Prairie since 1943.

Year	Admissions	Discharged	% of Admissions Discharged	Total Treated During Year
1943 .....	643	458	71.2	3,213
1944 .....	665	491	73.6	3,270
1945 .....	733	533	72.7	3,376
1946 .....	744	537	72.1	3,441
1947 .....	721	596	82.9	3,492
1948 .....	775	595	77.1	3,550
1949 .....	824	644	77.0	3,635

Year	Remaining in Hospital	Mental Defectives in Residence	Total Under Care
1943 .....	2,518	491	3,009
1944 .....	2,530	514	3,044
1945 .....	2,578	519	3,097
1946 .....	2,626	509	3,135
1947 .....	2,638	526	3,164
1948 .....	2,652	530	3,182
1949 .....	2,666	541	3,207

Total cases treated in hospitals and Training School—4,276.

(Death Rates per 100 Cases Treated)			
Year	Deaths Manitoba Mental Hospitals	Average All Canadian Mental Institutions	
1943 .....	162	4.61%	5.4%
1944 .....	143	4.3%	5.0%
1945 .....	141	4.0%	4.6%
1946 .....	136	3.9%	4.7%
1947 .....	120	3.3%	figures not available
1948 .....	139	3.8%	figures not available
1949 .....	136	3.6%	figures not available



### CLINICAL SERVICES

The standard of clinical work throughout the services suffers not so much in quality as in quantity. It has been difficult to hold medical and nursing personnel to fill established positions. Approximately thirty medical officers have left the service since 1942 for various reasons. One of the important causes of loss in these days is the demand for professional training. This situation could be remedied in this province, in part, by the establishment of bursaries and fellowships to assist young men to qualify as specialists in Psychiatry. These fellowships should be set up, in my opinion, through the University of Manitoba, with aid from the Federal Health Grants. Young men or women physicians would come to Manitoba to seek training rather than leave for other centres and they would not only receive training but assist in operation of our services in both institutional and community projects. The expense to the province would be lessened, and what is more important, the standard of patient care, enhanced.

Despite the losses in personnel, the reports of the medical superintendents indicate gratifying results. Tuberculosis is coming under control, and the discovery of new cases held at a minimum in all institutions. Death rates are decreasing steadily, and discharge rates being maintained at a satisfactory level.

The superintendents and medical staff in all institutions have shown commendable enthusiasm in adopting newer forms of therapy and investigation. Leucotomy service was continued at Brandon and instituted at Selkirk. It is felt that with added experience, which in turn allows for more careful selection of cases, increased benefits will accrue from this method of therapy. Doctor Johnson of Selkirk reports over 50% of some thirty-six patients leucotomized since May 1st, 1949 have been probated from hospital, and Doctor Schultz of Brandon also reports favourably on some fifty-four cases during the full year's work.

### MENTAL DEFICIENCY

We are pleased at the progress achieved at the Manitoba Training School for Mental Defectives, although we did not reach our objective for accommodation as quickly as predicted in our last annual report. The laundry has been completed and is in full operation. A new stores building and recreational hall have been added to the facilities. The 72-bed temporary building for boys is now in use and thirty urgent cases from among the waiting list of boys have been admitted to date.

We are now planning renovation of one of the wards vacated in the main unit to accommodate girl patients. It is heartening to note also the progress which has been made toward the construction of a complete new permanent building for boys. This, it is expected, will accommodate some two hundred and eighty-eight (288) boys. Our total accommodation when this new building is in operation, will be near the 900-mark, which should be adequate for some time.

One is very disturbed over the inability to secure adequate medical staff for this fine institution. Doctor Atkinson is to be congratulated on his enthusiasm for the work and progress to date is almost entirely due to his fine work, and that of a loyal and interested staff.

### ACCOMMODATION

Selkirk Hospital has an overcrowding of 45%; Brandon 23%. The Brandon Hospital will have a little relief from this situation before long with the completion of a new addition to the Women's Wing of the Main building. It is also expected that a further addition will be planned in the near future to add to the Women's pavilion.

The conditions at Selkirk can only be remedied by extensive construction of a 300-bed unit, and renovation of the old Main building. I would respectfully draw to the attention of the Honourable, the Minister of Health and Public Welfare, the report of the Medical Superintendent on this matter, including his comment respecting fire hazard.

Additional accommodation for physicians at Brandon and Selkirk is required and I have already referred to the need for increased facilities at the Psychopathic Hospital in my report on that institution.

In making these recommendations, I do not wish it to be inferred that nothing is being done to remedy the situation regarding under staffing and over crowding. I am conscious of the progress made, and grateful for it. I would kindly request you to convey the expressions of thanks of the heads of the hospitals and Training Schools at Portage la Prairie to the Honourable Ivan Schultz, and to accept our thanks for your continued and valuable help at all times.

Respectfully submitted,

T. A. PINCOCK,  
Provincial Psychiatrist.



# Psychopathic Hospital

Doctor C. R. Donovan, D.P.H.,  
Acting Deputy Minister of Health and Public Welfare,  
Parliament Buildings,  
Winnipeg, Manitoba.

Sir:

It is with pleasure that I submit the Annual Report of the Winnipeg Psychopathic Hospital for the calendar year ending December 31st, 1949.

## STATISTICAL SUMMARY

(Movement of Patients from January 1st, 1949 to December 31st, 1949)

	Men	Women	Total	Prev. Year
Remaining in Hospital December 31st, 1948 .....	12	18	30	34
On parole, or otherwise .....	0	0	0	0
<b>Admissions:</b> January 1st, 1949 to December 31st, 1949 .....	252	293	545	508
First Admissions .....	176	187	363	345
Re-Admissions .....	67	75	142	157
Transfers from Brandon - Selkirk - Portage .....	9	31	40	6
General Admissions .....	209	254	463	459
Voluntary Admissions .....	18	1	19	25
Commitments .....	12	2	14	14
Re-taken from Probation .....	4	5	9	4
(Transfers from Brandon - Selkirk - Portage) .....	(9)	(31)	(40)	(6)
Total patients under care .....	264	311	575	542
Average Daily Population .....			33.61	31.25
% Overcrowding .....			0	0
Average duration of stay .....			21.33	21.09
Rated Capacity .....	19	19	38	38
<b>Discharges:</b> January 1st, 1949 to December 31st, 1949 .....	250	295	545	512
As "Recovered" .....	15	38	53	64
"Improved" .....	91	74	165	160
"Much Improved" .....	12	11	23	9
"Unimproved" (exclusive of transfers) .....	21	21	42	53
"Not Psychotic" (these figures included in above) .....	(60)	(15)	(75)	(68)
Transfers and returns to Mental Hospitals .....	103	147	250	220
Probationary patient returned to Brandon .....	0	1	1	0
Probationary patient returned to Selkirk .....	0		0	1
Transfers and returns to Manitoba School, Portage .....	4	0	4	2

	Men	Women	Total	Prev. Year
Discharged to: Relatives and friends .....	70	111	181	189
Relatives "against advice" .....	2	11	13	14
Own Control .....	31	8	39	43
Winnipeg General Hospital .....	9	5	14	7
St. Boniface Old Folks' Home .....	0	0	0	3
Nursing Homes and Deer Lodge Hospital .....	13	4	17	16
Children's Aid Society and Home of the Good Shepherd .....	0	0	0	2
National Employment Agency .....	0	0	0	1
Alcoholics Anonymous .....	11	0	11	4
Escort North Battleford .....	0	0	0	1
Escape (not returned from parole) .....	1	0	1	1
Broadway Home for Girls .....	0	1	1	0
Police .....	2	4	6	5
Deaths .....	4	3	7	3
% deaths of total admissions .....			1.28	.59
% deaths of total under treatment .....			1.21	.55
% discharged of number under treatment (bettered by treatment) .....			41.73	42.98
% discharged of number admitted (bettered by treatment) .....			44.03	45.87
Remaining in hospital December 31st, 1949 .....	14	16	30	30

ADMISSIONS

The demand for hospital services kept pace with the previous year, the increase of some thirty-seven cases being entirely due to the large number of transfers, particularly from the Selkirk Hospital for Mental Diseases. These cases were transferred in large numbers for surgical treatment in the form of leucotomy.

Of the 545 admissions, 252 were men and 293 women: 363 first admissions, 142 re-admissions and 40 transferred. It is encouraging to note a slight decline in re-admissions, coupled with the increase in first admissions. A comparative table showing the increasing demand on services over the past ten years:

1940 .....	317	1945 .....	482
1941 .....	314	1946 .....	450
1942 .....	291	1947 .....	470
1943 .....	395	1948 .....	508
1944 .....	420	1949 .....	545

The total number of days care given was 12,269 in 1949, and 11,408 in 1948. The average duration per patient in hospital was 21.33 days in 1949, and 21.09 in 1948.

SEPARATIONS

Total Separations .....	545
Discharged .....	288
Transferred to Mental Hospitals .....	250
Deaths .....	7

Two hundred and forty-one of those discharged in their own resources, to relatives or friends or to voluntary agencies and nursing homes, were either recovered, much improved or improved slightly, and this represents 47.7% of all admissions, exclusive of the 40 cases which were sent in for neuro-surgery, and which are reported on by the Medical Superintendent of the Selkirk Hospital for Mental Diseases.



**Deaths:** There were 7 deaths: 4 men and 3 women. Four of these patients were in hospital less than one week and six of them died from cerebral disease in aged persons, while one patient died of a pulmonary infraction as a result of thrombo-phlebitis of the lower limbs.

There were no suicidal or accidental deaths.

INFORMATION

**Patients Admitted:** Rural, 137; Urban, 408—again approximately in 1 to 3 ratio.

Age incidence of admissions by Decades:

Groups—10/20 .....	31	50/60 .....	74
20/30 .....	117	60/70 .....	44
30/40 .....	144	70/80 .....	30
40/50 .....	95	80/90 .....	10

DIAGNOSTIC TABLE

	Men	Women
Psychosis with syphilitic meningo encephalitis .....	6	0
Psychosis with other forms of syphilis of the CNS ....	1	0
Psychosis with other infectious diseases .....	2	0
Alcoholic psychosis .....	1	0
Psychosis due to drugs or other exogenous poisons ....	0	1
Traumatic psychosis .....	2	1
Psychosis with cerebral arterio sclerosis .....	18	6
Psychosis with other disturbance of circulation .....	2	1
Psychosis with convulsive disorders .....	1	7
Senile psychosis .....	16	14
Involucional psychosis .....	5	8
Psychosis due to other metabolic diseases .....	3	0
Psychosis associated with organic changes of the nervous system .....	2	2
Psychoneurosis .....	11	29
Manic depressive psychosis .....	35	53
Dementia praecox (schizophrenia) .....	58	107
Paranoia and paranoid conditions .....	11	16
Psychosis with psychopathic personality .....	0	1
Psychosis with mental deficiency .....	5	5
Undiagnosed psychosis .....	11	28
Without psychosis .....	52	13
Primary behaviour disorders .....	8	2
Psychosis with thyroid deficiency .....	0	1

There is no great change in the trend in incidence of mental illness which has obtained in previous years except possibly a decrease in incidence of mental illness due to infections and an increase in admissions due to alcohol, although the latter admissions were not classified as psychotic:

Schizophrenia .....	165	30.2%
Manic depressive .....	88	16.1%
Organic reaction types .....	87	16.1%
Without psychosis, psychoneurosis and primary behaviour disorders .....	115	20.9%

### OUT-PATIENT SERVICES

This important phase of our Mental Health program and psychiatric service deserves special mention. It has continued to function smoothly and efficiently under the capable direction of Doctor George A. Little, assisted by all the physicians associated in work at the Psychopathic Hospital. It is hoped in the near future that an organized out-patient service will be established at the Winnipeg General Hospital to act as a training arm for medical interns entering general practice and the specialties; as well as to give psychiatric treatment to large numbers of patients suffering from psycho-physical illness, who constantly haunt the hospital corridors and dormitories with a variety of emotional complaints related to physical disease. It is hoped to break down the barriers of stigma and ignorance in regard to mental illness, and to treat the total organism by bringing psychiatric practice to the patient in the General Hospital Ward and Out-Patient Clinic. Total health means mental, physical and social well being.

### OUT-PATIENT SUMMARY—CHILDREN

#### Referred by:

##### Court:

Juvenile Court .....	49
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##### Child Care Agencies:

Children's Aid Society of Winnipeg .....	35
Children's Aid Society of East Manitoba .....	6
Children's Aid Societies (other) .....	7
Family Bureau .....	2
United Hebrew .....	2
Saskatchewan Child Welfare .....	4

##### Medical Services:

Private Physicians .....	10
Winnipeg General Hospital .....	9
St. Boniface Hospital .....	5
Department of Health and Public Welfare .....	44

Miscellaneous: .....	38
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Total .....	211
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### OUT-PATIENT SUMMARY—ADULTS

#### Referred by:

##### Government Health and Welfare Agencies:

City Health (Winnipeg) .....	13
Health and Public Welfare (Provincial) .....	23
Department Pensions and National Health (Dominion) .....	6

##### Agencies:

Children's Aid Society of Winnipeg .....	64
Children's Aid Societies (other) .....	4
Family Bureau .....	7
United Hebrew .....	1

##### Hospitals:

Winnipeg General Hospital .....	95
St. Boniface Hospital .....	41



<b>Courts:</b>	
Juvenile Court .....	0
Adult Court .....	34
Family Court .....	11
<b>Alcoholics Anonymous:</b> .....	10
<b>Private Physicians:</b> .....	106
<b>Unreferred:</b> .....	62
<b>Miscellaneous:</b> .....	19
<hr/>	
Total .....	496

DISTRIBUTION OF DIAGNOSES—ADULTS

Manic depressive psychosis .....	18
“Depression” .....	28
Involucional melancholia .....	7
Schizophrenia (dementia praecox) .....	32
Paranoid state .....	18
Senile psychosis and arteriosclerosis .....	11
Cerebral arteriosclerosis .....	11
CNS lues .....	3
Undiagnosed psychosis .....	19
Not psychotic .....	20
Psychometrics .....	64
Psychoneurotics .....	118
Marital problems .....	23
Sex problems .....	10
Emotional problems .....	10
Mental deficiency .....	18
Chronic alcoholism .....	15
Drug addiction .....	2
Epilepsy .....	10
Post encephalitis personality disorder .....	1
Post traumatic state .....	3
Constitutional psychopathic personality .....	8
Simple adult maladjustment .....	10
Miscellaneous .....	7
Diagnosis not stated .....	30

ACCOMMODATION

I have had occasion during last year, as on numerous previous occasions, to call attention to the very bad situation which exists at the Psychopathic Hospital in regard to lack of facilities to segregate patients according to behaviour patterns.

The building, admirable in its purpose and for many years representing leadership in psychiatric practice, is now thirty years old, and in that thirty years, great strides have been made in our knowledge of mental illness and in improved practice in care of patients. The time is now opportune, in fact long overdue, when we should, at the earliest possible date, add space for segregation and provide additional offices for increased staff, and also space for teaching purposes and records.

SOCIAL SERVICE

Our trained social workers again have demonstrated their great value. Mrs. Margolese resigned July 1st, 1949, and relief was provided through Mrs. McFadyen

until Miss Inga Johnson's appointment November 15th, 1949. Histories compiled—210; home visits—50, and interviews—75. There is one weakness which should be pointed out, viz., the few home visits and contacts which can be made in order to get a correct picture of home situations and the inability to find time to adequately follow our patients in an effort to carry out rehabilitation.

### OCCUPATIONAL THERAPY

More patients have been cared for in this department than in previous years, which is a tribute to Mrs. Gwatkin. A total of 407 patients: 235 women and 172 men; have received the benefit of occupational therapy. This is a most creditable showing considering the lack of space and the fact that the work rests upon the shoulders of one therapist.

### EDUCATIONAL PROGRAM

Seventy-six student nurses received 8-weeks ward training, attended clinics and seminars. These students were from the Winnipeg General Hospital. We have continued to receive every co-operation, and a very intelligent interest from the Training School Superintendent, Miss Pullen, and her instructresses. Students from 5 city hospitals, and the School of Social Work have attended two series of lectures in Psychiatric Nursing and information.

Lectures also were given to psychology students at the United College and to students of the Faculty of Education of the University of Manitoba, on Mental Hygiene as it relates to the school child and teacher.

### PSYCHOLOGY

The following work was carried out by our Psychometrists—dealing with school children—"in" patients and "out" patients:

Tests—Wechsler Bellevue .....	179
Stanford Binet .....	209
Performance .....	5
Minn. Multiphasic .....	8
T.A.T. ....	10
Prog Matrices .....	3
Hunt Minnesota .....	9
Multiple Rorshack .....	5
Social Histories .....	21
Personality Studies: "In" Patients .....	62
School Children .....	65

### CONCLUSION

My thanks are tendered to all members of this hospital for conscientious work, loyalty, and especially their interest in patients and their friends.

I would ask you to accept for yourself and to convey to the Honourable Mr. Schultz, my sincere thanks for your courtesy and help on all occasions.

Respectfully submitted,

T. A. PINCOCK,  
A/Medical Superintendent,  
Psychopathic Hospital.



# Hospital for Mental Diseases, Brandon

Dr. T. A. Pincock,  
Provincial Psychiatrist,  
Psychopathic Hospital,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the Annual Report of the Hospital for Mental Diseases, for the calendar year 1949.

## SECTION I STATISTICAL

(a) **Movement of Patients:**

On December 31, 1949, there were 1,617 patients in residence and 88 on parole, a total of 1,705. There were 250 admissions, including 112 first admissions, 60 readmissions and 68 transfers from the Psychopathic Hospital.

(b) **Age Distribution:**

Under 15 years .....	0	40 - 49 years.....	43
15 - 19 years .....	12	50 - 59 years.....	31
20 - 29 years .....	50	60 - 69 years.....	32
30 - 39 years .....	58	70 and over .....	24

(c) **Nativity of All Admissions:**

Canada .....	71.2%
United Kingdom and Eire .....	10.8%
United States .....	1.6%
Poland .....	6.4%
Miscellaneous, chiefly European .....	10.0%

(d) **Average Daily Patient Population 1935 to 1949:**

1935 - 1,313	Increase	35	1943 - 1,564	Increase	22
1936 - 1,384	Increase	71	1944 - 1,562	Decrease	2
1937 - 1,433	Increase	49 (8 months)	1945 - 1,576	Increase	14
1938 - 1,467	Increase	34	1946 - 1,607	Increase	31
1939 - 1,461	Decrease	6	1947 - 1,620	Increase	13
1940 - 1,473	Increase	12	1948 - 1,624	Increase	4
1941 - 1,514	Increase	41	1949 - 1,633	Increase	9
1942 - 1,542	Increase	28			

(e) **Diagnosis of Admissions and Discharges:**

	Admissions	Discharges
Without Psychosis .....	12.40%	15.56%
Psychoneurosis .....	8.00%	8.98%
Mental Deficiency with Psychosis .....	1.20%	3.00%
Psychoses due to Convulsive Disorders .....	1.60%	1.20%
Manic Depressive Psychosis .....	20.00%	19.76%
Schizophrenia .....	34.40%	32.93%
Paranoid Conditions .....	4.40%	4.19%
Cerebral Arteriosclerosis .....	3.20%	1.20%
Senile Psychosis .....	6.40%	1.20%
Psychosis with Psychopathic Personality ....	.....	.60%
Others .....	8.40%	11.38%

(f) Discharges:

167 patients were discharged.

Condition on Discharge:

Recovered .....	87	52.09%	Unimproved .....	10	6.00%
Much Improved ....	26	15.57%	Not Psychotic .....	24	14.37%
Improved .....	20	11.97%			

(g) Deaths:

During the year there were 80 deaths, including two suicides, one by strangulation and the other by acute asphyxia due to swallowing a foreign body. There were four deaths from pulmonary tuberculosis and seven from malignant disease.

(h) Accidents:

There were 40 fractures during the year, of these 30 were on the female wards.

FRACTURES

	Male	Female	Total
Skull .....	1	1	2
Nasal .....	0	1	1
Ribs .....	2	2	4
Clavicle .....	0	2	2
Scapula .....	0	1	1
Humerus .....	1	0	1
Radius (Colles) .....	0	3	3
Phalanges .....	0	7	7
Metacarpals .....	1	2	3
Metatarsals .....	1	2	3
Femur .....	2	7	9
Fibula .....	1	0	1
Tibia .....	0	2	2
Lower Jaw .....	1	0	1
	10	30	40

SECTION II: NURSES' TRAINING SCHOOL

The training school has made steady progress towards the completion of the five point training program and this has been due to a large measure to the faithful work of trained personnel of the training school and medical staff.

Educational Program:

1. Affiliate Course:

Three and one-half year course for nurses, leading to registration and diploma in psychiatric nursing. Students accepted twice yearly.

1st year (Affiliate Course) Brandon Hospital for Mental Diseases .....	12
2nd year (Affiliate Course) Brandon General Hospital .....	6
3rd year (Affiliate Course) Winnipeg General Hospital .....	1
4th year (Affiliate Course) Winnipeg General Hospital .....	1
Number graduated .....	2



2. Diploma Course:

Two year course for nurses, leading to Diploma in Psychiatric Nursing. Students accepted twice yearly.

1st year (Diploma Course) Brandon Hospital for Mental Diseases .....	7
2nd year (Diploma Course) Brandon Hospital for Mental Diseases .....	12
Number graduated .....	6

3. Male Attendants:

Three year course for male attendants leading to Diploma in Psychiatric Nursing. Students accepted annually.

1st year Male Attendants, Brandon Hospital for Mental Diseases .....	19
2nd year Male Attendants, Brandon Hospital for Mental Diseases .....	7
3rd year Male Attendants, Brandon Hospital for Mental Diseases .....	10
Number graduated .....	11

4. Post-Graduate Course:

Six-month post-graduate course for registered nurses leading to Diploma in Psychiatric Nursing.

Number in course, Brandon Hospital for Mental Diseases .....	8
Number graduated, Brandon Hospital for Mental Diseases .....	7

5. Two Month Affiliate Course:

Two month course for affiliate students from the Brandon General Hospital. This two month course for affiliates from the Brandon General Hospital has been extended to three months. Students are now accepted four times a year. Hospitals accepting affiliation are the Brandon General Hospital and Grace Hospital, Winnipeg.

The first class of Affiliate students went to the Brandon General Hospital for 1 year affiliation on August 31, 1949.

The first class of affiliate students from the Brandon General Hospital took a two month affiliation course in Psychiatric Nursing at the Hospital for Mental Diseases, Brandon, commencing August 21, 1949.

The Grace Hospital, Winnipeg, Manitoba, has completed arrangements to send its first class of students to this hospital for a three month affiliation in Psychiatric Nursing, January 15, 1950, and to continue sending four groups annually.

Negotiations to have the affiliate students of the Hospital for Mental Diseases at Brandon receive training on Obstetrics, Nursing and Milk laboratory, and Gynaecology at the Grace Hospital in Winnipeg, have not as yet been completed. Our affiliate students, now at the Brandon General Hospital, will be ready to proceed with this training as of August 31, 1950.

Number of affiliate students Brandon Hospital for Mental Diseases .....	8
Number of students receiving classroom instruction .....	56
Number of male attendants receiving classroom instruction .....	36

## SECTION III—CLINICAL DIVISION

## 1. OUT-PATIENTS

(a). **Adult Out Patient Department:** This department during the past year has continued to do good work under the direction of Dr. Kurt Anstreicher assisted by Dr. M. E. Bristow and other staff physicians. A total of 360 interviews were conducted on a total of 141 out-patients: Of these 141 cases, 126 were new cases and 15 were cases from former years. There were 26 admissions from the out-patient group: 24 from 1949 and 2 patients from former years. Electro Convulsive Therapy was made available to nine on an out-patient basis.

**Classification of Out-Patients:**

02	Psychoses with other forms of syphilis of the C.N.S. ....		1
	123 Tabes Dorsalis .....	1	
04	Psychoses with other infectious diseases .....		1
	145 Post infectious psychoses .....	1	
08	Psychoses with cerebral arteriosclerosis .....	3	3
11	Senile Psychosis .....	5	5
15	Psychoses due to unknown or hereditary cause but associated with organic change .....		1
	151 With multiple sclerosis .....	1	
16	Psychoneuroses .....	43	43
17	Manic Depressive Psychoses		
	172 Depressive type .....	13	13
18	Dementia Praecox (schizophrenia) .....		5
	183 Catatonic type .....	2	
	184 Paranoid type .....	1	
	185 Other types .....	2	
19	Paranoia and paranoid conditions .....	3	3
22	Undiagnosed psychoses .....	2	2
23	Without mental disorder .....		61
	231 Epilepsy .....	3	
	232 Alcoholism .....	4	
	233 Drug addiction .....	1	
	234 Mental deficiency .....	11	
	236 Psychopathic personality .....	3	
	237 Other non-psychotic disorders .....	39	
24	Primary Behaviour Disorders .....		3
	241 Simple adult maladjustment .....	3	
Total .....			141

(b) **Psycho-somatic Medical Consultation Service:** Emotional causes of ill health often produce symptoms of a psychosomatic nature. This service was made available to physicians in Western Manitoba with the result that many patients were referred for investigations at this hospital. The service was extended to include partial diagnostic services on conditions requiring complete laboratory investigation and electro-cardiograph tracing: In all, 265 electro-cardiographs were taken, including referred cases, in-patients and out-patients. Despite the fact this service is a new one, 141 out-patients were referred by outside physicians and a total of 198 visits were made to this hospital.



(c) **Child Guidance Clinic:** The work of the Child Guidance Clinic was carried out under the direction of Dr. J. E. C. Morton and considerable activity was noted. Dr. Morton on May 10, 1949, proceeded to the Children's Centre, Metropolitan Detroit, under the Federal Health Grant, Personnel Training, to study the latest methods of child psychology and Child Guidance Clinic management, directed by Dr. J. C. Cunningham. Considerable time was also spent with Dr. Schmalreid, Psychologist, on psychometric examinations, which up to the present have not been used, but which will be used from now on in this clinic. These tests included the Rorschach, Symonds Picture Test, and Thematic Apperception. Some time was spent during the visit with Dr. Derbyshire on E.E.G. discussion including readings and technique. Dr. Morton is deeply appreciative of the opportunity thus provided him for the post-graduate study and will incorporate many of these new theories and methods into the clinic work here.

Clinics at the Brandon Hospital for Mental Diseases and tri-weekly clinics at King George and Park Schools were conducted throughout the year. Psychometric examinations were carried out on all children who entered Brandon Schools as well as on all pupils in Grade 9, and on all other pupils referred by teachers and physicians.

A Child Glidance Clinic was conducted in Flin Flon from November 13-19, 1949, by Dr. Morton, Dr. Bristow, Miss T. Clark, Reg. N., and Mrs. J. Fargey, Reg. N. Co-operation from the local school board and the Northern Local Health Unit was excellent.

A Clinic was also held at The Pas on the week following the Flin Flon Clinic, November 21-24, 1949, by the same personnel. This also proved to be a very successful venture.

Summary of Cases Seen:

Table I (a):

	Brandon	Flin Flon	The Pas	Total
Behaviour Problems .....	19	27	7	53
Speech Defects .....	4	3	2	9
Mental Retardation .....	13	15	4	32
Mental Defectives .....	19	11	5	35
Social Problems .....	7	3	2	12
Vocational Guidance .....	1	0	1	2
School Placement .....	1	1	0	2
Adoption Possibilities (C.A.S.) .....	3	0	0	3
Epileptics .....	1	3	0	4
Brain Trauma .....	3	1	0	4
Cerebral Diplegia .....	3	1	0	4
Psychoneurosis .....	0	11	4	15
Non-Psychiatric .....	0	7	3	10
Total .....				185

Table I (b):

Psychometric Examinations .....	885	141	140	1,166
---------------------------------	-----	-----	-----	-------

Brandon Hospital for Mental Diseases:

Psychometric Examinations:—Patients .....	115	
—Out-patients .....	42	
—Staff .....	58	215
		<hr/>
Total number of Psychometric Examinations .....	1,381	

(d). **Boarding-Out Patients:** This plan has worked out very well and several patients have been rehabilitated through this medium. There are three male and two female patients living in boarding homes at the present time.

II. IN-PATIENTS

(a) **Convulsive Shock Therapy:** Convulsive shock therapy was carried out in the Psychiatric Institute and in the Continued Services.

	Female P.I.	Male P.I.	Female Cont.	Male Cont.	Total
Electric Shock .....	94	31	35	21	151
Insulin Shock .....	55	28	0	0	83
Combined Insulin and Electric Shock .....	0	28	0	0	28
Reinforced Electric Shock .....	0	0	1	0	1
Modified Insulin .....	0	1	0	0	1
					<hr/>
					264

There is little doubt of the value of electric shock therapy in chronic cases; several patients were discharged while several others showed a better level of hospital adjustment.

(b). **West Psychiatric Institute:** Admission on the male side of the Psychiatric Institute for the year included 123 from outside and 1 transfer from Continued Services. Discharges numbered 60 and deaths were 2. There were a total of 87 patients on treatment for somatic diseases.

(c). **East Psychiatric Institute:** The work done on the female side of the Psychiatric Institute included 153 admissions, 93 discharges, 99 treated with electric shock therapy including 5 out-patients, 49 transfers to the Continued Services and 3 deaths. There were two major operations and eight minor operations during the year.

(d). **Male Infirmary:** This service consists of 70 beds. There were 313 admissions and there occurred 48 deaths and 10 fractures during the year.

(e). **Female Infirmary:** There were 397 admissions and 30 fractures.

(f). **Leucotomies:** A total of 54 leucotomies were performed during the year; 38 of these being done on the female service. There was considerable improvement shown in most cases. Four discharges were a direct result of this treatment.

(g). **Epilepsy:** The treatment of epilepsy continued with phenobarbital, with or without dilantin. Nine epileptics were treated: 5 male and 4 female, in the Psychiatric Institute; 68 epileptics were under treatment: 42 males and 26 females, in the Continued Service.



(h). **Parkinsonian Syndrome:** Rabellon continued to be the most effective treatment of patients suffering from Parkinsonian Syndrome. One male patient was started on Artane and Benadryl.

(i). **Syphilis:** All patients suffering from syphilis received anti-leptic treatment. New patients received treatments for a period of 55 weeks and patients who have previously been treated received a course of from 10-12 weeks each year. Twenty-four patients received treatment during the year: 15 males and 9 females.

(j). **Tuberculosis:** Every effort has been made to control the incidence of pulmonary tuberculosis in patients and staff. The problem on disturbed wards where patients are unco-operative and expectorate freely becomes a complicated one. Four patients were started during the year on a course of streptomycine.

Patients	Male	Female	Total
Bed cases, actively infective .....	8	2	10
Ambulant cases, actively infective .....	0	8	8
Quiescent cases, non-infective .....	8	10	18
	—	—	—
	16	20	36

There were three deaths from pulmonary tuberculosis during the year.

DENTAL REPORT

The following report was submitted by Dr. H. Trotter, dentist:

Working days .....	175½
Number of patients examined .....	3,057
Number of patients resistive .....	49
Extractions .....	454
Anaesthetics—local .....	413
general .....	3
Fillings .....	439
Scaled and polished .....	975
Gum treatment .....	346
X-ray films .....	18
New dentures .....	46
Dentures repaired .....	42

SURGICAL REPORT

The following report was submitted by Lola Dring, Reg. N.:

Anaesthetics—general .....	8
intravenous .....	85
spinal .....	5
local .....	234
Major operations .....	65
Minor operations .....	43
Application of casts .....	40
Removal of casts .....	24
Ward and O.R. trays and general dressings .....	188
Catheterizations .....	9
Trays to X-ray .....	30

Examinations—ear .....	4
eye .....	7
physical .....	216
rectals .....	6
B.V. ....	25
cystoscopies .....	37
throat .....	1
Treatments—eye .....	12
ear .....	25
Lumbar punctures .....	140
Smears and cultures .....	13
Aspirations .....	8
Continuous oxygen .....	1
Specific—intramuscular .....	337
intravenous .....	110
Immunization—typhoids—1st .....	245
2nd .....	237
3rd .....	210
diphtheria toxoid course .....	16
scarlet fever toxoid course .....	16
flu vaccine .....	5
tetanus anti-toxin .....	13
staphylococcus toxoid .....	33
vaccinations .....	20
Schick test .....	134
Dick test .....	121
Intravenous infusions .....	97
Intravenous injections .....	4
Intramuscular injections .....	42
Blood transfusions .....	11
Blood taking .....	18
Plasma infusions .....	2
Blood for W.R. ....	4
<hr/>	
Total .....	3,086

#### Ward supplies from operating room during 1949:

Tins of dressings, towels, gloves, etc. ....	2,991
<hr/>	
Total .....	6,077

### III—SICK STAFF

The general health of the staff remained good throughout the year. There were one hundred and eighty-six admissions to staff hospital: 123 females and 43 males. This service was under the direction of Dr. M. E. Bristow who was very unselfish in his efforts on their behalf. Three members of the staff suffered fractures which were of a minor nature.

### SECTION IV—LABORATORY

The laboratory, under the direction of the Pathologist, Dr. G. B. Elliott, showed an increase in work accomplished for the year 1949.



**Training of Personnel—Federal Health Grant:** Dr. George Elliott spent two months, July 5-September 4, 1949, at the U.S. Army Institute of Pathology in Washington, D.C. This organization is the Headquarters Laboratory for the U.S. Army and Air Corps and National Registries for research in diseases of the various systems; tumour registries, some biochemical studies and radiological pathology are based there. Study and training facilities at this institute are excellent, including microscopic slides, original specimens, photomicrographs, films of clinical conditions and reference library. These facilities were made fully available to Dr. Elliott by Brigadier Raymond O. Dant, the Director, and Dr. Elliott is deeply appreciative for the assistance given him by the Director and staff members, especially Dr. Hans F. Smetana, Chief Pathologist; Lt. Col. Webb Haymaker, Neurologist; Dr. Hugh G. Grady, Chief of Gynaecology Registry; Dr. Lent C. Johnson, Chief of Orthopaedic Registry, and Dr. Elson B. Helwig, Chief of the Dermatologic Registry.

Laboratory techniques of the U.S. Naval Medical School, Bethesda, were shown to Dr. Elliot through the kind offices of Commander W. W. Ayers, Chief Pathologist. Visits also were made to the Experimental and Histopathology Libraries of the National Institutes of Health, Maryland, where methods were given by Dr. Pierce of Professor Lillie's Research Laboratory; and Dr. Walter Freeman, Professor of Neurology, George Washington University, took Dr. Elliott to see him perform his transorbital leucotomy operation on cases of untractable pain and fixed psychotic depression. A service photographic record was made and brought back.

Dr. A. Wolf, of Columbia University, New York, spent some time selecting a neurohistology methods routine for our use here. He is one of the investigators of vaccinnial encephalitis and psychotics' brains. He also seems to do most of the active work for the laboratories of the New York Psychiatric Institute.

A visit was made in Montreal to Professor Penfields, Neurology Institute, McGill University.

**Training School for Laboratory Technicians:** The student body consists of 11 pupils—4 senior and 7 junior. Four student technicians completed training in 1949. The laboratory lecture manuals were increased in scope and brought up to modern standards.

The following is a representative extract of the work done in the laboratory, including Public Health Services and Hospital for Mental Diseases at Brandon:

Blood counts (complete) .....	1,624
Blood typed for grouping .....	826
Rh. factor agg. ....	949
Sedimentation rates .....	714
Schilling index .....	2
Urinalysis (complete) .....	1,959
Blood Chemistry:	
Urea nitrogen .....	782
Non-protein nitrogen .....	28
Sugar .....	998
Sugar tolerance .....	20
Creatinine .....	88
Cholesterol .....	983
Cholorides .....	30
Icterus Index .....	28
Van Den Berg (Bilirubin) .....	40

Serum total protein .....	63
Vitamin C. estimation .....	7
Albumin .....	48
Fibrinogen .....	13
Globulin .....	42
Chemical tests .....	383
Cholesterol est. ....	171

## Serology:

Specimens .....	1,033
Wasserman reaction blood .....	10
Kahn reaction blood .....	1,022
Wasserman reaction C.S.F. ....	102
Kahn reaction C.S.F. ....	78
Cell count .....	179
Globulin estimates .....	152
Takata Ara reaction .....	46
Colloidal Gold reaction .....	140
Colloidal Mastic reaction .....	122
Dark Field Exam. for S. Palida .....	8

## Bacteriology:

Faeces—parasites .....	41
Milk samples .....	1,027
Milk cultures .....	16,270
Milk smears .....	1,701
Milk phosphatase est. ....	791
Milk butter fat .....	912
Water samples .....	695
Water cultures .....	5,883
Blood cultures .....	28
Faeces cultures .....	989
Faeces Occult blood .....	34
Urine cultures .....	879
Nose swabs and smears .....	45
Nose cultures .....	76
Throat swabs and smears .....	179
Throat cultures .....	535
Urogenital smears .....	219
Urogenital cultures .....	28
Trichomonas .....	13
Cultures to T.B. ....	251
Restaurant media (bottles) .....	292

## Miscellaneous Exams.:

Sputa for T.B. specimens .....	260
Sputa for T.B. smears, stained and examined .....	374
Gastric analysis, patients .....	58
Gastric chemical tests .....	432
Pleural fluid exams. culture .....	20
Pleural cultures .....	21
Peritoneal fluids—specimens .....	5



Peritoneal fluids—cultures .....	13
Autogenous vaccines .....	9
Basal Metabolic rate .....	167
Agglutinations .....	1,048
Including typhoid (H & O) .....	268
Para A .....	134
Para B .....	134
B. Melitensis (Human) .....	134
B. Abortus (Bovine) .....	253
Flotation test for Amoeba .....	3
Penicillin susceptibility .....	10
Streptomycin susceptibility .....	1
Surgical and Autopsies:	
Surgicals—specimens .....	531
Blocks embedded .....	1,026
Sections cut .....	2,557
Sections stained .....	1,172
Autopsies .....	25
Blocks embedded .....	317
Sections cut .....	818
Sections stained .....	439
Special stains .....	112
Autopsy material received .....	13
Papanicolou staining .....	130
Guinea Pigs—inoculated .....	25
Autopsied .....	41
Sections cut .....	152
Intravenous solutions:	
Normal saline .....	24,560 ml
Glucose saline .....	33,140 ml
Glucose 25% in water .....	24,790 ml
Double strength saline .....	71,760 ml
Electrocardiograms .....	265

#### SECTION V.—X-RAY DEPARTMENT

The X-Ray department is under the direction of Dr. W. H. Thorleifson.

Our consultant radiologist for the year was Dr. Thorleifson, who resigned in October, 1949. Six students have received their practical instruction in X-Ray. Our special examinations have been more numerous. However, we cannot expand on this field any further as the capacity of the machine has been reached. The addition of a Diathermy machine to the department has furthered the work, and for the past year 172 hours of treatment have been given. If this field is to be widened, it would be a good plan to obtain an additional room as it interfered with the X-Ray Diagnostic work, to the extent that the X-Ray work has been sacrificed to make room for the treatments.

The number of series taken during the year is as follows:

Chest .....	1,459	Gall Bladder .....	17
Extremities .....	228	Foetal .....	19
Ribs .....	39	Dentals .....	29
Spine .....	426	Pelvis .....	63
Skull .....	63	Mastoid and Sinuses .....	44
Barium Series .....	54	Cystograms .....	4
Barium Enemas .....	14	Arteriograms .....	1
Intravenous Pyelogram .....	74	Encephalograms .....	3
			<hr/>
Total .....			2,537

SECTION VI—FEDERAL HEALTH GRANTS

The staff of the Hospital for Mental Diseases at Brandon appreciate the funds made available to this hospital by the Federal Government for the training of personnel, research and scientific equipment. We would like to express our appreciation of the personal interest shown by Dr. F. W. Jackson, Dr. C. G. Stodgill of the Federal service, and our appreciation to the Honourable Ivan Schultz, Minister of Health and Public Welfare, Dr. C. R. Donovan, and Dr. T. A. Pincock.

Dr. George Elliott spent two months in Washington, D.C., and Dr. J. E. C. Morton spent two months in Detroit under the Personnel Training Grant. The Misses Julia Ryfa, Anne Janzen and Lillian Arnott are now in training at the University of McGill in Montreal, and they too received aid under the said grant.

The research programs of "Analysis and evaluation of treatment, Biochemical investigation of cholesterol metabolism in psychotics, and Electrocardiographic investigation of various circulatory complications of shock treatments" are all quite possible.

The laboratory received scientific equipment including a microscope, microtome, major and minor type centrifuges, electrocardiograph, bacteriology incubator and water softener. The surgical instruments for pre-frontal leucotomy brain operations were received for the equipment of our operating room.

SECTION VII—RESEARCH

Research in any virile approach towards mental health plays as large a part as the active psychiatric treatment and training of skilled personnel.

All our projects have been expanded materially by the provision of Federal Health Research Grants, or new equipment bought with funds from the same source.

The investigations fall into three groups, all of which will be further developed in 1950.

**Project No. 1:** "An Analysis and Evaluation of Treatment of Twelve Thousand Mental Patients, at the Brandon Hospital for Mental Diseases, from July 13, 1891, to March 31, 1950."

A sufficient period has now elapsed since the wide use of activity therapy, leucotomy, insulin and electric shock therapies in psychoses, to compare long term benefits to the patients, with former institutional non-shock therapies. Mr. Lloyd Henderson, B.Sc., employed as research statistician, is arranging and compiling the



basic data from the accrued hospital records as a full-time measure, under the psychiatric guidance and direction of the Medical Superintendent. The latter has been a staff member of this hospital for twenty-four years and his contact with the majority of the cases concerned is an unusual balancing factor rarely present in the few long term analyses published in the field to date. Scanning of the mass of voluminous records for clarification of older diagnostic concepts and re-evaluation of material is being carried out by members of the medical staff.

An interim report of analytic methods and work carried out has been submitted already to Dr. Stodgill, of the Mental Health Division, Ottawa, during his visit on October 25, 1949. We appreciate the personal encouragement, interest and helpful suggestions received at that date and subsequently from him.

**Project No. 2:** "A biochemical investigation of Cholesterol Metabolism in Psychotics, with special reference to changes induced during various treatments."

A welcome expansion of the joint work of Dr. K. Anstreicher and Dr. G. B. Elliott has been possible with the provision of a Federal Health Research Grant. Some thirteen hundred blood cholesterol and ester estimations have been made, and promising abnormalities followed up. The curves and present data were submitted to Dr. Stodgill with the tentative explanation which our progress so far has made possible. Dr. Stodgill offered to pursue the possibilities of temporary loan of specialized laboratory and clinical equipment for evaluating the further significance of the findings.

**Project No. 3:** "Electrocardiographic investigation of various circulatory complications of shock treatments."

Work has been started by Dr. G. B. Elliott on some of the problems with the aim of finding preventive measures to allow course of shock treatments to be completed. The electrocardiograph was bought for a service extension with Federal Health Grant funds. Its very provision makes such investigation a possible concomitant of ordinary use.

## **SECTION VIII: ACTIVITY AND RECREATIONAL THERAPY**

The aim of this department is to assist the patient to regain his physical and mental health, with a view to recovery or becoming a more useful member of the hospital community.

Picture shows were held weekly throughout the year and dances twice monthly during the winter. Curling and skating is enjoyed by patients during the winter months. The annual Sports Day held in June was well attended and the patients participated in many athletic events. A public address system was used for announcements and music. The patients of the hospital were guests of the Manitoba Provincial Exhibition, due to the courtesy of the Fair Board.

Divine services were held every Sunday afternoon by Protestant denominations and special Masses were conducted by Roman Catholic Priests, as requested.

Band concerts were presented by the Brandon Legion Band and a group of Brandon musicians. "The Absent Minded Bridegroom" was presented by St. Augustine's C.Y.O., and the Schubert Choir presented "The Gondoliers" under the direction of Dr. Stuart Schultz. The Mental Hospital Social Club, under the direction of Mr. Lloyd Henderson, presented the play "Hist! She's a man" for the patients' Christmas entertainment.



**Class "A":** Miss Jessie Rice was superannuated on January 31, 1949, and Mr. J. Seymour took over her duties.

This class consists of new admissions to the Male Psychiatric Institute. 125 patients attended the class during the year, spending a total of 16,827 man hours, or an average of 134.5 man hours per patient. Total articles made were 1,347. Comparing the man hours with the articles produced, it shows that an average of 12.7 man hours were spent on each article. This, at first, seems high but considering the type of patients and the treatment they undergo, I do not think it is unreasonable.

The printing, under the direction of Mr. Seymour, continues to show a high standard of efficiency and during the year 336,426 forms, valued at \$1,009.28, were printed. The total cash sales were \$1,143.75, an increase of \$248.75.

**Class "B":** Miss Marjorie Johnson resigned on February 14, 1949, and Miss K. Dennis was transferred to the East Psychiatric Institute. This class is composed of female patients admitted to the East Psychiatric Institute. The average daily attendance is 20. Total cash sales for the year amounted to \$904.45, a decrease of \$343.70. A new floor model loom was added to the equipment as well as an electrical motor for the sewing machine. Knotted rug making was commenced towards the end of the year.

**Class "C":** This class is made up of patients from the Female Continued Service and the quality of their work is excellent. The class is under the direction of Miss Eleanor Russell. There were 1,607 articles made and sold. The average daily attendance at this class is 25. Total cash sales for the year were \$1,772.15, an increase of \$140.25 over last year. Members of this class again received many prizes for needlework at the Manitoba Provincial Exhibition.

**Class "D":** This class was carried on under the direction of Edith Rogers. The average daily attendance is 25. Total cash sales for the year were \$510.10, a decrease of \$357.65 from the 1948 sales. Two of the Leucotomy patients sent to this class during 1949 improved sufficiently to be transferred to the Psychiatric Institute. One was discharged and four have improved in their work to the extent that it can be sold.

**Class "F":** This class is under the direction of Thomas Watkins and consists of a tailor shop. Three thousand and three articles were made during the year, including overalls, smocks, camisoles, white coats and pants. There were 2,664 articles delivered to the institution, which have a cash value of \$860.75 in our institutional sales.

**Class "G":** This class is under the direction of Joseph Smith. Total cash sales for the year amounted to \$1,952.85, which is an increase of \$270.90 over 1948 sales. Mr. Smith, with a group of patients, assisted with the maintenance work of the hospital under the direction of Mr. George Christie, Chief Engineer, and this work for the institution was valued at \$860.75.

**Patients' Shops:** One patient, working alone in the cobbler shop, repaired 1,064 pairs of shoes; and three patients, working in the paint shop, with very little supervision, painted all the toys made in Class "A".

**General:** The total cash sales for the year 1949 from the Recreational Therapy Department were \$6,283.30.

## SECTION IX—HOSPITAL SERVICES

(a). **Furniture:** The furniture shop is under the direction of Edward Lockhart. One spindle shaper, a hand sanding machine and an electric hand drill, were added



to the equipment. This has aided in the efficiency of this department and has saved sending material to local shops. There were 1,790 articles repaired, plus linoleum laid throughout the institution. There were 1,042 new articles made, which included floor mattresses, filing cabinets, magazine stands, bulletin boards, benches, wheel chairs, book cases, radio cabinet.

**(b). Laundry:** The laundry is under the efficient direction of John Clark, laundry superintendent. One million, five hundred and four thousand, six hundred and four pieces were laundered during the past year; an increase of 79,387 pieces over the previous year. There has been a considerable increase in nurses' white dresses and men's white suits which has kept the pressing machines operating at full capacity most of the work week. Our drying problems have been overcome since the installation of the new drying tumbler. The new water softener is installed and will be put into operation the early part of 1950.

**(c). Dietary and Housekeeping Department:** This department is under the direction of Marion Thomson, Dietitian and Housekeeper.

Kitchen alterations are not yet complete, but coal stoves have been removed and replaced by Moffatt electric institution stoves. We have also installed deep fat fryers and a hot plate, a battery of urns, new fans have been installed in the kitchen and the steam kitchen. New refrigeration will be a need for the near future, with new nutritional knowledge for the care and preservation of vitamins in vegetables.

**Sewing Room No. 1:** This work is under the direction of Edith Anderson. It supplies bed and table linen to the institution. There were made during the year 18,347 articles, including 955 kitchen aprons, 1,691 pillow cases, 2,873 bath towels, and 1,976 sheets. There were 2,468 articles repaired.

**Sewing Room No. 2:** This is under the direction of M. E. Lawson. It repairs and makes nurses' uniforms, patients' dresses and slips. There were 2,873 articles made for the nurses, which included 447 dresses, 599 aprons, 564 bibs, 569 collars, 145 pairs of cuffs, 318 belts, and 121 caps. There were 2,858 articles repaired. There were 250 print dresses and 1,752 slips made for patients.

**Sewing Room No. 3:** This linen room is under the direction of Marjorie Hall. It receives all linen from the laundry where it is sorted and repaired. There were 265,091 articles received: 11,106 pieces were repaired, and 1,669 replaced. There were 1,944 articles made from salvaged material.

## SECTION X—CIVIL SERVICE ASSOCIATION

The Brandon Hospital for Mental Diseases Unit of the above Association has been co-operative with the officers of the Hospital.

President .....	Roy Armstrong
Vice-President .....	Wilfred Organ
Secretary Councillor .....	Roy Hotson
Treasurer .....	Edward Lockhart

## SECTION XI—VISITORS

The Honourable Ivan Schultz visited the hospital on several occasions.

Miss Margaret Nix was speaker at Graduation Exercises, May 4, 1949.

Dr. Brian Bird, a former member of our staff, now at Cleveland, Ohio, addressed a group of the staff in the lecture room of the Nurses' Home on August 18, 1949.

Dr. C. G. Stodgill, of the Department of National Health and Welfare, Ottawa, visited the hospital on October 25, 1949, and discussed various projects and gave advice on projects already approved.

Miss Aileen Kemp, President of the Canadian Society of Registered Technicians, spent two days in December visiting our laboratory. She stated that she was strongly in favour of recommending that the Training School at this hospital be recognized by the Canadian Society of Registered Technicians.

### SECTION XII—BURSAR'S REPORT

Average daily population was 1,627, an increase of 7 over last year's 1,620.

Over-all per capita costs, daily, were \$1.5888, an increase of .1982 over last year's \$1.3906, detailed by departments as follows:

Health and Public Welfare (exclusive of farm), \$1.3052, an increase of .1732, composed of approximately 9c for salaries, 6c for food, and 4½c for expenses and incidentals, offset by ½c reduction in clothing and 1½c increased refunds from employees' maintenance.

Full particulars respecting the farm administration is included in the annual report of Farms' Manager. See page 17.

Public Works: \$0.2090; (last year \$0.1864), an increase of \$0.0226.

Combined Health and Public Works (exclusive of farm), \$1.5142; (last year \$1.3184), an increase of \$0.1958.

### ACKNOWLEDGEMENTS

I appreciate the work of Mr. H. N. Shuttleworth, Hazel Metson, Gladys Evans, Mary Grassie and Jeanne Greenlaw in the preparation of this report.

To all members of the staff I express my gratitude for the high standard of work performed by them under difficult circumstances.

To you, I am indebted for counsel and advice.

I wish to express my appreciation to the Medical staff of the Brandon General Hospital for their co-operation throughout the year.

Kindly convey to the Honourable Ivan Schultz, Minister of Health and Public Welfare, and to his Acting Deputy, Dr. C. R. Donovan, my appreciation for their co-operation.

May I also express my appreciation to the Honourable Errick Willis, Minister of Public Works, and to his Deputy, Mr. George Collins, and to the Government Architect, Mr. G. Parfitt.

Respectfully submitted,

STUART SCHULTZ,  
Medical Superintendent.



TABLE No. 1.

MOVEMENT OF PATIENTS

From January 1, 1949, to December 31, 1949.

	Male	Female	Total
Remaining under treatment at December 31, 1948 .....	836	792	1,628
On parole or otherwise absent .....	37	41	78
Total .....	873	833	1,706

First Admissions:

	Male	Female	Total
General Admissions .....	18	46	64
Voluntary Admissions .....	7	5	12
Other Sources .....	25	11	36

Re-admissions:

General Admissions .....	19	26	45
Voluntary Admissions .....	3	2	5
Other Sources .....	9	11	20
(From Probation 12 male, 13 female)			

Transferred:

From Psychopathic Hospital .....	37	31	68			
	118	132	250	118	132	250
Total Number Treated .....	991	965	1,956			

Discharged:

As recovered .....	35	52	87			
As much improved .....	10	15	25			
As improved .....	10	8	18			
As unimproved .....	9	1	10			
As not psychotic .....	14	10	24			
	78	86	164			
Transferred to Psychopathic Hospital ....	2	1	3			
	80	87	167	80	87	167

Died .....	51	29	80			
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Total Number Discharged, Transferred, and Died During the Year	131	116	247			
--	-----	-----	-----	--	--	--

Remaining under treatment December 31, 1949 .....	833	784	1,617			
On Parole or Otherwise Absent .....	27	61	88			
Total .....	860	849	1,709			





[illegible]

TABLE No. 2.

DIAGNOSES OF PATIENTS ADMITTED, 1949                      DIAGNOSES OF PATIENTS DISCHARGED, 1949

	Male		Female	Totals		Percent		Recov- ered		Av No. days in Hospital		Much Improved		Improved		Un- improved		Total
								M.	F.			M.	F.	M.	F.	M.	F.	
Paranoia and Paranoid Condition (Paranoid Condition) .....	8	3	11	11	4.40	1	181	1	....	3	2	1	....	....	....	....	....	7
Psychoses with Mental Deficiency: .....	1	2	3	3	1.20	3	246	3	....	1	....	1	....	....	....	....	....	5
Undiagnosed Psychoses: .....	3	3	6	6	2.40	1	682	1	....	....	....	....	....	....	....	....	....	1
Without Mental Disorder: .....	....	....	....	25	10.00	....	....	....	....	....	....	....	....	....	....	....	....	25
Epilepsy .....	....	2	2	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Alcoholism .....	1	1	2	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Mental deficiency .....	4	....	4	4	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Other non-psychotic disease or condition .....	7	7	14	14	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Primary Behaviour Disorder: simple adult mal- adjustment .....	5	1	6	6	2.40	....	....	....	....	....	....	....	....	....	....	....	....	....
	118	132	250	250	100.00	35	51 5,761	35	51	9	10	8	8	1	1	8	1	136+25

TABLE No. 3.

AGE OF PATIENTS ADMITTED—1949

	Under 15 yrs.	Years 15-19	20-29	30-39	40-49	50-59	60-69	70 and over	Totals
Male .....	...	9	28	16	24	12	16	13	118
Female .....	...	3	22	42	19	19	16	11	132
	—	—	—	—	—	—	—	—	—
0	12	50	58	43	31	32	24	250	



STATEMENT OF EXPENDITURES AND PER CAPITA COSTS

Year Ended 31st March, 1949.

	Expenditures	Per Capita Costs Yearly	Daily	Yr. Ending Mar. 1948	Increase or Decrease	Yr. Ending Mar. 1947	Yr. Ending Mar. 1946
	\$	\$	\$	\$	\$	\$	\$
Health and Public Welfare:							
Administration and Subsistence:							
Salaries .....	\$474,422.04	\$291.5931	\$ .7989	\$ .7089	\$ .0900	\$ .5596	\$ .5114
Provisions .....	213,519.76	131.2352	.3596	.3007	.0589	.2607	.2498
Clothing .....	27,902.56	17.1497	.0470	.0518	— .0048	.0372	.0222
Expenses, Equipment, Renewals .....	116,358.76	71.5174	.1959	.1511	.0448	.1499	.1279
	832,203.12	511.4954	1.4014	1.2125	.1889	1.0074	.9113
Less: Maintenance Refunded by Em- ployees: .....	57,154.12	35.1285	.0962	.0805	.0157	.0830	.0872
Sub-Totals .....	\$775,049.00	\$476.3669	\$1.3052	\$1.1320	\$ .1732	\$ .9244	\$ .8241
Farms:							
Salaries .....	23,449.37	14.4126	.0395	.0363	.0032	.0303	.0281
Supplies, Expenses, etc. , .....	20,871.93	12.8285	.0351	.0359	— .0008	.0309	.0305
Sub-Totals .....	44,321.30	27.2411	.0746	.0722	.0024	.0612	.0586
Totals .....	\$819,370.30	\$503.6080	\$1.3798	\$1.2042	\$ .1756	\$ .9856	\$ .8827
Public Works:							
Operation and Maintenance:							
Salaries .....	38,362.66	23.5788	.0646	.0618	.0028	.0553	.0540
Fuel .....	42,114.79	25.8849	.0709	.0611	.0098	.0593	.0535
Light, Power, Supplies, etc. ....	43,652.32	26.8299	.0735	.0635	.0100	.0683	.0727
	\$124,129.77	\$76.2936	\$ .2090	\$ .1864	\$ .0226	\$ .1829	\$ .1802

# Selkirk Hospital For Mental Diseases

Dr. T. A. Pincock,  
Provincial Psychiatrist,  
Winnipeg, Manitoba.

Sir:

I have the honour to present herein the Annual Report of the Selkirk Hospital for Mental Diseases, for the year ending December 31st, 1949.

## MOVEMENT OF PATIENT POPULATION

There were as at January 1st, 1949, 1,075 patients on the hospital register; of whom 580 were male and 495 female patients. There were 31 male and 50 female patients on probation, leaving 549 male patients and 445 female patients, a total of 994 in the hospital. There were on December 31st, 1949, 1,107 patients of whom 601 were male and 506 female patients, on the hospital register. There were on probation 33 male and 55 female patients, leaving 568 male and 451 female, a total of 1,019 patients in hospital.

There was an increase in population of 19 male patients and 6 female patients, a total of 25. The increase in population during the past several years has been mostly in female patients. The change during this year is due, at least in part, to the preponderance of female patients undergoing prefrontal lobotomy, of which details are given elsewhere in this report.

**ADMISSIONS:** Admissions of patients to the hospital totalled 278 during the year. This exceeded last year's admissions by 45; establishing a new high in admission rate for the second successive year. First admissions included 63 male and 78 female patients for a total of 141. Readmissions numbered 137, of whom 52 were male and 85 were female patients.

Fourteen admissions were on a voluntary basis, 80 were general admissions and 184 were transfers. Two male patients were received as transfers from The Manitoba School, Portage la Prairie. The remainder, 66 male and 116 female patients, were transferred from the Psychopathic Hospital, Winnipeg. Thirty-two female and 6 male patients of these latter patients had previously been transferred from this Hospital to the Psychopathic Hospital, all except 3, for prefrontal lobotomy.

Summarized classification of first admissions as to principal psychoses is given below: (also see Table II).

## PSYCHOSES OF FIRST ADMISSIONS

### Psychoses:

	1949	1948	1947
General paresis .....	6 ( 4.40%)	2.20%	7.00%
With cerebral arteriosclerosis .....	10 ( 7.10%)	11.20%	7.00%
Senile .....	17 (12.00%)	7.50%	6.00%
Involucional .....	4 ( 2.90%)	5.20%	2.30%
Other organic types .....	11 ( 7.70%)	3.00%	10.50%
Manic depressive .....	10 ( 7.10%)	5.20%	9.50%
Schizophrenia and paranoia .....	69 (48.90%)	50.85%	40.00%
Other functional types .....	14 ( 9.90%)	13.35%	11.80%
Undiagnosed .....	0 ( 0.00%)	1.50%	2.40%
Not psychotic .....	0 ( 0.00%)	0.00%	3.50%



No significant change in percentage of various types of psychoses is noted. About fifty percent of all first admissions were diagnosed as Schizophrenia.

Other statistical tables included in this report show that sixty-six percent of all first admissions were born in Canada; about one-third of first admissions were of Slavonic race. Range of age of first admissions was from thirteen to eighty-seven years, with seventeen percent over sixty-five years of age.

**Separations:** Separations from the hospital during the year numbered 246 including 158 discharges, 39 transfers and 49 deaths. All transfers went to the Psychopathic Hospital, 36 for prefrontal lobotomy and 3 for other reasons.

Summarized information concerning discharges is given below and compared with the previous two years. Detailed information set out in Table II. on page 192.

Discharges	1949	1948	1947
Recovered .....	67 ( 42.40%)	37.15%	41.50%
Much Improved .....	12 ( 7.60%)	17.15%	10.70%
Improved .....	71 ( 45.00%)	39.30%	44.30%
Unimproved .....	7 ( 4.50%)	5.00%	2.60%
Not Psychotic .....	1 ( 0.50%)	1.40%	0.90%
Totals .....	158 (100.00%)	100.00%	100.00%

Percentage discharged of total admissions was 56.83%, a decrease of 3.27% from the previous year. This appears on the surface, an unsatisfactory attainment. However, it is necessary to bear in mind that of total admissions, 38 were patients who had been sent to the Psychopathic Hospital and returned to this hospital after operation. This group actually had two admissions to our hospital while presenting only one opportunity of discharge. If these 38 patients are deducted from total admissions, then discharge rate is 62.5% of total admissions. This is approximately the same rate as for the previous four years, as shown below:—

	Total Admissions	Discharges
1949 .....	278	158 (56.83%)
1948 .....	233	140 (60.10%)
1947 .....	181	113 (62.98%)
1946 .....	174	111 (64.16%)
1945 .....	177	90 (50.85%)
1944 .....	152	76 (50.00%)

This table also shows the progressive and marked increase in admissions, amounting to 83%, since 1944.

**Deaths:** There were 49 deaths during the year, of whom 28 were male and 21 female patients. Mortality based on total patients under treatment was 3.70%. This is the lowest death rate in at least twenty years. Deaths from Tuberculosis continue to decline. Three patients died from Pulmonary Tuberculosis during the year. This was 6% of total deaths, the lowest on our records and compares with 14% last year. Deaths from cardiovascular diseases accounted for 50% of total deaths. No deaths resulted from accidental or suicidal causes.

MEDICAL SERVICES

The continuing increase in admissions, the expansion of medical services to include child guidance clinics and lobotomy service and the handicap of treatment imposed by severe overcrowding of hospital wards are all placing a severe burden on



the medical staff of the hospital. These demands cannot be adequately met by the present medical personnel. It has become necessary to reduce the amount of physicians' time allotted to seeing visitors. This has led to some just criticism by relatives of patients.

The medical staff, including the superintendent, is composed of five physicians. This staff is sufficient only to care for the new admissions on the basis of standards set by the American Psychiatric Association. The establishment adopted some years ago provides for six physicians. This is one more than we have been able to obtain and at least one less than is required to assure adequate treatment. Every possible effort should be made to obtain additional medical personnel. An important factor in obtaining and holding suitable medical officers is the provision of comfortable accommodation for them. We urgently require at least one additional physician's residence.

Doctor Ian H. Brown was granted leave of absence on September 1st for 18 months for post-graduate training at the Institute of Living, Hartford, Connecticut. He has been replaced until June 1st, 1950, by Doctor Walter Fox. No other changes in medical personnel occurred.

One hundred and twenty-seven patients received a total of 4,374 insulin-coma treatments during the year. Patients receiving electro-shock treatment numbered 103 and a total of 621 treatments were given. Patients receiving narco-analysis totalled 61.

It has not been possible to secure all necessary personnel and equipment to open a lobotomy service. However, arrangements were made to have some patients undergo prefrontal lobotomy at the Winnipeg General Hospital. The first patient underwent operation on May 17th and by the end of the year a total of 36 patients had lobotomy performed. The results of this treatment are not reflected in the year's statistics of separations as only one patient was probated prior to the end of June. Approximately 50% of the patients have been probated and are making satisfactory adjustments out of the hospital so far. We expect to be able to commence doing prefrontal lobotomy operations at the hospital within the next three months.

The general health of patients was maintained at a satisfactory level during the year. We encountered a small epidemic of bacillary dysentery as a result of the admission of one infected female patient. The epidemic was confined to the female wards. Sixteen patients became ill and one patient died as a result of the infection. Only one new case of pulmonary tuberculosis was encountered. Eleven patients suffered fractures. Seven of these were fractures of the neck of the femur in elderly patients. No other serious injuries occurred.

### DENTAL SERVICES

The dentist visited the hospital during the first nine months of the year for four of each ten weeks. He visited the hospital four out of each six weeks from October first. This increased service has permitted better dental care for the patients and should enable all patients to obtain any required dental treatment. A summary of the work done in the dental department follows:

Number of working days .....	112
Number of patients examined .....	1,903
Number of patients too resistive for treatments .....	29
Extractions .....	484
Local anesthetics .....	444
General anesthetics .....	6



Fillings .....	341
Scaling and polishing .....	553
Gum treatments .....	403
X-Rays .....	13
New dentures .....	20
Dentures repaired .....	26
Dentures adjusted .....	26

### X-RAY SERVICES

The X-Ray Department operated full time and at a high level of efficiency under the direction of the technician. Dr. W. T. Dingle, radiologist, visited the hospital to interpret X-Ray plates once a week. All new patients receive routine chest X-Rays on admission and routine plates are taken on all patients at least once a year. New staff have chest X-Rays at least twice during the first year of service and then at least once a year.

The following is a summary of work done in the X-Ray Department during the year:

Flat abdominal plates .....	28
Barium enema .....	1
Chests .....	1,694
Extremities .....	127
Gall bladders .....	7
Hips .....	16
Intravenous pyelograms .....	2
Jaws .....	4
Pelvis .....	2
Ribs .....	6
Skulls .....	8
Spines .....	23
Stomachs .....	18
Teeth .....	27
	<hr/>
	1,963

### CLINICAL LABORATORY SERVICES

The increasing patient population and particularly the increased admission rate is taxing the clinical laboratory facilities to the limit. The work done during the year included the following examinations:

Routine blood examinations .....	749
Blood sedimentation rates .....	664
Blood chemistry .....	93
Blood typing .....	43
RH factor .....	30
Other blood examinations .....	139
Routine urinalyses .....	712
Other urine examinations .....	208
Cerebrospinal fluid examinations .....	28
Sputum examinations .....	13
Miscellaneous smears .....	34
Miscellaneous Cultures .....	33
Gastric analyses .....	16
Examination of faeces .....	18

Three hundred and sixty-nine blood specimens and 16 cerebrospinal fluid specimens were sent to the Provincial Laboratory for Wasserman tests and 23 specimens of faeces for examination for dysentery bacillus.

**CHILD GUIDANCE CLINIC**

The work of the Child Guidance Clinic has gradually increased during the year. Arrangements have been completed for holding clinics at Beausejour and Winnipeg Beach in addition to Selkirk. Referral of patients to the clinic are accepted from physicians in the various districts in addition to the local health unit. A total of 26 clinics were held; fifteen new patients were seen in addition to continuing treatment of old patients.

**SOCIAL SERVICE DEPARTMENT**

This department has been very active during the year. Calls made on patients and relatives numbered 665. It was possible for the social service worker to straighten out problems relating to the rehabilitation of many of the patients probated from hospital. Our Worker reports that she receives excellent co-operation from various social agencies and from the special placement division of the National Employment Service.

**SCHOOL OF NURSING**

Further progress has been made in developing the nursing staff to a higher degree of efficiency. Both male and female nursing staffs have been maintained at or near normal numerical levels. The hospital is still short of trained staff for positions of higher responsibility. This problem is being gradually reduced by training within the hospital and acquisition of trained nurses.

The numbers of female and male nursing staff on duty as at December 31st, and the normal complement in each group, are shown in the following tables:

**Female Nursing Staff:**

Normal Establishment		Staff as at December 31st, 1949
Registered Nurses .....	6	3
Graduate Mental Nurses .....	24	10
Student Nurses .....	30	42
Nurse Aides .....	8	13
Vacancies .....	....	....

**Male Nursing Staff:**

Normal Establishment		Staff as at December 31st, 1949
Chief Attendant .....	1	1
Deputy Chief Attendants .....	3	3
Ward Supervisors .....	12	12
Ward Attendants .....	49	49
Vacancies .....	....	....

Four nurses and ten attendants were successful during the year in completing the three-year course of training provided by the hospital.

**OCCUPATIONAL THERAPY DEPARTMENT**

Considerable expansion has been made in the occupational therapy department. Present staff is three therapists and four assistants. Attendance of patients at classes throughout the year averaged 123. Receipts for sale of articles made in the department amounted to \$1,218.07.



A hairdressing establishment was opened in November. This was proved very popular with the female patients. We believe that it will have a stimulating effect on recovery of many patients.

Apart from the occupational therapy classes, occupational and vocational outlets were provided for 305 patients in various departments of the hospital.

### **RELIGIOUS SERVICES AND ENTERTAINMENT**

Religious services were held each Sunday in the hospital chapel. The average attendance of patients was 76. Services are conducted by ministers from various churches in Selkirk.

Entertainment in the form of picture shows, concerts and dances were provided once a week during the winter months and were always well attended. The recreation hall is much too small to provide for all patients desiring to participate. We continue to be greatly indebted to the Manitoba and North-Western Ontario Command of the Canadian Legion, B.E.S.L., for the provision of many fine concerts.

Recreational activities during the summer months were expanded to include three picnics on the hospital grounds. There also was available supervised direction for patients in baseball, volleyball, tennis and lawn croquet.

The annual picnic at Winnipeg Beach was greatly enjoyed by 84 male patients.

### **FEDERAL MENTAL HEALTH GRANT**

The following projects provided under the Mental Health Grant were completed or initiated:

The nutritional laboratory for student nurses was completed and placed in operation.

One therapist and three therapy aides were added to our Occupational Therapy Department. Five sewing machines, one lathe and one band-saw were added to equipment in the Occupational Therapy Department. Equipment for outdoor games was obtained.

A hairdressing establishment was equipped and an operator employed.

One additional ward supervisor for female wards was employed.

Most of the necessary equipment for the lobotomy service was obtained.

Necessary equipment to provide better teaching facilities for student nurses and attendants was purchased.

Expenses entailed in the operation of the Child Guidance Clinic are provided through the mental health grant.

### **STAFF CHANGES**

The following changes occurred during the year in the senior staff of the hospital.

Dr. Ian H. Brown—Assistant Physician—Granted leave of absence.

Dr. Walter Fox—Junior Physician—Appointed.

Miss A. Kvarvet, R.N.—Assistant Superintendent of Nurses—Resigned.

Miss M. E. Gregg, R.N., Assistant Superintendent of Nurses—Appointed.

Miss N. Levinson—Occupational Therapist—Resigned.

### CONSTRUCTION ALTERATIONS AND REPAIRS

Construction of a new barn to accommodate 85 cows was commenced during the summer.

A quick-freeze plant with a capacity of 12 tons was completed. New refrigerators for meats and for dairy products were also completed. These three units have a capacity which should handle the hospital requirements for some years.

A cafeteria for members of the staff was installed. This will provide more efficient handling of staff meals and permit the closing of one dining room. A dishwasher was installed in the kitchen of the main unit. This machine will handle the dishes for the staff and patients in this unit.

A water-softener plant which will provide soft water for the laundry, dishwasher and cafeteria, was installed. One new washer was placed in the laundry.

The maintenance staff of the hospital carried out all necessary repairs and minor alterations. Painters and carpenters supplied by the Superintendent of Buildings provided redecorating and alterations to the kitchens in some of the wards of the main unit.

### HOSPITAL FARM

The hospital farm was efficiently operated and provided, in addition to other products, most of the required milk and vegetables. One hundred and six patients were employed on the farm at various times during the year.

Total hospital acreage is 1,357.89. There were 1,019.00 acres under cultivation or used for pasture.

### OPERATING COSTS

The report of the hospital bursar covering the fiscal year ending March 31st, 1949, is attached. This report reveals that the total expenditure for operating the hospital during the fiscal year was \$618,358.59, total receipts were \$162,217.89, leaving the net cost of operation at \$456,140.70. The gross daily per capita cost was \$1.70, which was an increase from \$1.44 for the previous fiscal year.

### CONCLUSIONS

The continuing marked increase in admissions, coupled with increasing crowding of the wards, are taxing the resources of the hospital staff to the limit. Present medical staff is not sufficient to carry out efficiently required treatment of new patients and adequate care of patients continuing in hospital. Patient population now amounts to 45% over normal capacity. This crowding greatly increases the tasks of all personnel, reduces efficiency of treatment, prevents adequate segregation, increases accident rate and results in an overall reduction of efficiency of the hospital.

Another feature of the overcrowding which must be noted is the increased risk to life of patients in event of a fire. If a fire were to occur at night the crowded dormitories and the beds in the corridors would markedly increase the risk.

I wish to commend to you, Sir, the faithful service of all members of the hospital staff during the year. May I extend my sincere appreciation of your continued sympathetic understanding of our difficulties and your valued advice. Will you please convey to Honourable Ivan Schultz, Minister, Department of Health and Public Welfare, and to his Deputy, Doctor C. R. Donovan, my sincere thanks for their support.

Respectfully submitted,

E. JOHNSON, M.D.,  
Medical Superintendent.



TABLE No. I.

## STATISTICAL SUMMARY

January 1st, 1949, to December 31st, 1949.

## 1. Movement of Patient Population

	M.	F.	T.
Remaining in Hospital as at December 31st, 1948 .....	549	445	994
On Probation as at December 31st, 1948 .....	31	50	81
	—	—	—
Total on Register as at December 31st, 1948 .....	580	495	1,075
<b>First Admissions:—</b>			
	M.	F.	T.
Voluntary .....	2	1	3
General .....	18	11	29
Transfers .....	43	66	109
	—	—	—
Total .....	63	78	141
	—	—	—
<b>Readmissions:—</b>			
	M.	F.	T.
Voluntary .....	5	6	11
General .....	22	29	51
Transfers .....	25	50	75
	—	—	—
Total .....	52	85	137
	—	—	—
Total Admissions .....	115	163	278
	—	—	—
Total under treatment .....	695	658	1,353
<b>Separations:—</b>			
Discharges			
Recovered .....	18	49	67
Much Improved .....	10	2	12
Improved .....	29	42	71
Unimproved .....	2	5	7
Not Psychotic .....	1	....	1
	—	—	—
Total Discharges .....	60	98	158
Transfers .....	6	33	39
Deaths .....	28	21	49
	—	—	—
Total Separations .....	94	152	246
	—	—	—
Total on Register as at December 31st, 1949 .....	601	506	1,107
Total on Probation as at December 31st, 1949 .....	33	55	88
	—	—	—
Remaining in Hospital as at December 31st, 1949 .....	568	451	1,019

## 2. Additional Data

	1949	1948	1947
1. Average Daily Patient Population .....	1009.00	992.52	972.14
2. % Discharged of Total Admissions .....	56.83%	60.10%	62.98%
3. % Deaths of Total Under Treatment .....	3.70%	4.24%	4.06%
4. Rated Capacity .....	700.00	700.00	700.00
5. % Over Rated Capacity .....	45.50%	42.00%	40.00%
6. Increase in Patient Population .....	25	14	11







TABLE No. III.

AGES OF FIRST ADMISSIONS CLASSIFIED AS TO PSYCHOSES

AGE	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL
Years																																					
10-14	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
15-19	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	
20-24	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10	
25-29	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	
30-34	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19		
35-39	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9		
40-44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
45-49	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4		
50-54	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6		
55-59	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
60-64	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
65-69	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2		
70-79	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
80-89	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3		
Totals	4	2	2	-	1	-	5	5	1	-	2	1	11	6	-	4	2	1	1	-	3	7	23	45	1	-	1	-	-	2	5	2	2	63	78		



Dr. E. Johnson,  
Medical Superintendent,  
Hospital for Mental Diseases,  
Selkirk, Manitoba.

Sir:

I beg to present the financial and general report relating to my office for the twelve month period ending March 31, 1949.

**Statement of Expenditures and Receipts—Twelve Month Period  
Ending March 31, 1949**

**EXPENDITURES**

**Administration and Subsistence**

Salaries .....	\$295,621.90	
Subsistence .....	148,076.12	
Clothing .....	13,067.96	
Supplies and Expenses .....	69,782.26	
	<hr/>	
	\$526,548.24	
Less—Payments for Meals, etc. ....	36,835.54	\$489,712.70
	<hr/>	

**Farm Expenses**

Salaries .....	\$ 19,771.12	
Supplies and Expenses .....	8,443.61	28,214.73
	<hr/>	
Total Health and Public Welfare Expenditures .....		\$517,927.43

**Public Works—Operation and Maintenance—**

Salaries .....	\$ 26,901.58	
Fuel .....	42,069.70	
Light and Power .....	16,441.08	
General Expenses .....	15,018.80	
	<hr/>	
Total Public Works Expenditures .....		100,431.16
		<hr/>
Total Expenditure for Hospital .....		\$618,358.59

**RECEIPTS**

Maintenance Paid .....	\$127,898.55	
Farm Produce—to Hospital .....	20,097.89	
Farm Cash Revenue .....	10,782.21	
Sundry Revenue .....	3,439.24	
	<hr/>	
Total Receipts .....		162,217.89
		<hr/>
Net Cash Cost of Institution for Twelve Month Period Ending March 31, 1949 .....		\$456,140.70
		<hr/>

SUMMARY OF EXPENSES

Health and Public Welfare .....	\$517,927.43	
Deduct—Increase in Inventory .....	9,866.53	\$508,060.90
Public Works .....	\$100,431.16	
Deduct—Increase in Inventory .....	3,989.54	96,441.62
Net Cost of Institution for Year Ending March 31, 1949 .....		<u>\$604,502.52</u>

<b>Per Capita Cost:</b>	<b>1948-49</b>	<b>1947-48</b>	<b>1946-47</b>
			(11 months)
Total Patient Days .....	363,417	357,565	323,371
Daily Average .....	995.66	976.94	965.29
Gross Per Capita Cost .....	\$1.7015	\$1.4400	\$1.3007
Net Per Capita Cost .....	\$1.2551	\$1.056	\$1.0194

Analysis of Per Capita Cost:

Salaries .....	\$ .8134	\$ .7134	\$ .5961
Subsistence .....	.4075	.3242	.3063
Clothing .....	.0360	.0241	.0225
General Expense .....	.1920	.1520	.1551
<b>Board Value .....</b>	<b>.1014</b>	<b>.0939</b>	<b>.0970</b>
Farm .....	.0776	.0734	.0624
Power House—Salaries .....	.0740	.0701	.0656
Power House—Fuel .....	.1158	.1017	.1171
Power House—Expense .....	.0866	.0750	.0726
Total per Capita Cost .....	<u>\$1.7015</u>	<u>\$1.4400</u>	<u>\$1.3007</u>

Respectfully submitted,

C. R. ELLERBY, Bursar.



# Manitoba School For Mentally Defective Persons

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Dr. T. A. Pincock,  
Provincial Psychiatrist,  
Psychopathic Hospital,  
Winnipeg, Manitoba.

Sir:

The Annual Report is hereby submitted for your consideration, as required in Section 8 of The Mental Deficiency Act. There is concrete evidence to show that considerable progress has been made during this year, particularly in the physical development of the institution and certain auxiliary services which up to this time have been below the actual requirements, but now have been brought up to a very reasonable level. Provision has been made for future development and it is our understanding that tenders have been let for the new wing to be constructed in 1950.

These additions to our auxiliary services are so important that I think that each one requires some comment. **Firstly** there is a new modern laundry, which is second to none from the viewpoint of working conditions for staff and the facilities in machinery for handling laundry of all kinds and in sufficient quantity for the full development of our building program. One mentions particularly the modern machinery with all the safety features possible to obtain, automatic in type and designed to handle various types of linen economically. A sterilizing washer, which has been installed and is in operation, is particularly useful where there is a large number of children and consequent danger of epidemics. **Secondly** the new stores building with excellent facilities for handling all supplies has been put in operation. Built into the building are walk-in type refrigerators which allow storage of sufficient quantities of meat in carcass, and milk in bulk, to supply the population. Attached to the stores is a modern milk pasteurizing plant. All told these facilities will allow the best possible storage and dispensing of our food stuffs under favourable hygienic conditions. The **third** new unit opened was a recreational hall. This hall will hold well over 300 boys and girls. It has a very pleasant stage with attached dressing rooms for both sexes, washing and toilet facilities, storage for stage properties, and a kitchen to dispense from at entertainments and meetings. The recreational hall has added immeasurably to our facilities in training and we can now conduct our religious training and education, our entertainments and our concerts in a manner that repays all our efforts in this respect. The **last unit** to be opened this year was made available on December 15 when our 72 bed unit for boys was put in operation. This unit, primarily designated as a temporary structure, gives considerable relief from the overcrowding and difficulties of classification of different types. The equipment installed, while plain, is excellent quality from the kitchens to the dormitories, and I think it is sufficient praise of this unit to state that the boys themselves are very proud of it and are undertaking the care of it in a very fine manner.

The space vacated in the main building by the removal of the laundry is being renovated and reconstructed to fit our plans for extension of training of the boys and girls and to provide better facilities for the increased staff.

**MEDICAL DEPARTMENT:** We have not been able to date to obtain the additional physicians required in our medical program to keep it at the best possible



level. We have added to our equipment during the year, but no very great use can be made of it until such time as we may have a trained clinician to take full charge of the clinical work.

Despite the shortage in staff, particular attention has been paid to the general hygiene of the institution and to such preventive measures as would offset epidemics and outbursts of infectious or contagious disease. Our rate of illness and our death rate have been very low. The fact, however, that these basic services are kept going so satisfactorily is no guarantee for the future. Little progress can be made in investigation without sufficient staff, and the general records are suffering from lack of description of the inmates continued state.

**SCHOOL DEPARTMENT:** There has been no progress made in the development in the actual school department in so far as teaching our young people in the various levels. A full presentation of what is believed to be the needs has been presented to the Minister of Health and Public Welfare in a special report. We are at the present time only conducting the class room on a kindergarden level. There is also the fact that we have no space in which it is possible to develop further school facilities until the new wing is built next year. Provision has been made to increase our school facilities in this new wing.

**PRACTICAL TRAINING AND OCCUPATION:** We have continued to use every possible training facility available on the farm, in the gardens, kitchens, dining rooms, wards, wood shops, tailor shop, shoe shop, and like activities, to occupy and train our residents. This year we commenced training in personal hygiene and have a part-time teacher who instructs in hair dressing, manicuring and personal hygiene. This has proved interesting particularly for high grade girls. This department has proved very popular and successful.

Facilities are being installed to operate a domestic science laboratory where high grade girls can be taught the fundamentals of home-making, looking towards their placement as domestics. Any further increase in occupational training awaits the construction of the new wing and the obtaining of the necessary qualified training staff.

**BOYS AND GIRLS CLUBS:** Our continued experience in the operation of Boys and Girls Clubs under the leadership of senior nursing staff has been good. We are more than ever convinced that this is one type of venture that gives the boy and girl more knowledge in the way of proper living than any other scheme we have ever tried. One of the great necessities in all boys and girls club work is proper leadership and at the present moment we are most fortunate in that our senior staff members are interested and have a flare for such leadership as well as a social conscience that enables them to give fine service. However as the population grows the senior nursing staff will not be able to do both the nursing and training. We will require leaders in both fields. The clubs, like any youth organization, are amended to the extent, that the methods of operation are designed to meet the levels of intelligence of our boy and girl. This amending is not so great as one might think. The average deficient boy or girl has quite a live conscience if it is sought, brought out, and developed. We are inclined to believe those that have not had psychopathic traits in their personality which presents a very much more malignant situation than one finds with the average stable defective. It has been made absolutely clear that those with psychopathic traits can not benefit from our program and are serious impediments to its operation and progress, because of their skepticism of morality and socially accepted behaviour. Psychopaths are as dangerous here as they are in any other situation. They do not seem to benefit from any program and



they only succeed in lowering the standards of any endeavour in which they are engaged. I must say here that I am very grateful to my senior officers in this service that they are sympathetic towards my stand in this respect. I think however we should try to have it thoroughly understood that the psychopathic state, whether by itself or as part of any other clinical entity or syndrome, requires segregation to prevent spoilation of any treatment or training program among other groups with which it comes in contact. Psychopaths, from the viewpoint of psychological medicine should be segregated just as T.B. is segregated in organic medicine.

**COMMUNITY INTEREST AND AID:** We continue to be very fortunate in the interest taken at this institution by individuals and societies in the City of Portage la Prairie. It is no secret that we have sought a better community understanding and interest. It is encouraging that we have received such in the most kindly and generous measure. We are striving to merit this interest and to foster it, believing that if we can, we have one potent factor at work in our defence. Good neighbors have always come to each others assistance whether they be families, communities, states or nations. We wish to bring to your special attention the following good neighbors:

The Elks Lodge B.P.O.E.  
The Ladies of the Royal Purple  
The Women's Institute  
The Portage and District Hockey Club  
The Ministerial Association, and  
Many private citizens.

All have in various ways contributed to our welfare in a splendid manner and made happiness where often there would have been dullness and boredom. It is difficult to thank them appropriately.

**STATISTICS:** A resumé of the movement of patient population follows: At the commencement of the year there were 530 patients in residence: 251 males and 279 females. The lowest number in residence was 526 (August 8th) and the highest number was 537 (June 17th).

**ADMISSIONS:** Admissions totalled 17 patients: 8 males and 9 females; there also was 1 female re-admission. These straight admissions included 30% or 5 patients classified as Idiots, 35% or 6 patients classified as Imbeciles, and 35% or 6 patients classified as Morons.

**The Racial Origin Classification,** in order of frequency shows: 3 French Canadian, 3 German, 2 Polish, 2 English, 2 Undetermined, 1 Jewish, 1 Slovak, 1 Irish, 1 Scotch, 1 Half-breed.

**Ages:** 6 to 10 years, 4; 11 to 15 years, 4; 16 to 20 years, 5; 21 to 25 years, 2; 31 to 35 years, 2.

**Marital Status:** 17 Single.

**Economic Status:** 17 Dependent.

**The Environment Report** shows that 12 were Urban dwellers and 5 Rural dwellers.

**The Degree of Education** attained was 12 illiterate, 5 read and write.

**Nativity:** 100% Canada.

**DISCHARGES:** Discharges occurred to a total of 7: 6 females whose conditions were unchanged or unimproved and 1 male whose condition was unchanged or unimproved.

**DEATHS:** Deaths totalled 5: 4 male and 1 female. The causes of death are as follows: 1 Pulmonary Tuberculous, 1 Tuberculous Spine. 1 Chronic Valvular Heart Disease, mitral conjuntial insufficiency, 1 Cerebral Hemorrhage, 1 Intestinal Obstruction.

**PROBATIONS:** There were 30 probations during the year: 15 males and 15 females.

TABLE No. 1

**MOVEMENT OF PATIENT POPULATION**

	Male	Female	Total
Remaining under treatment January 1st, 1949 (including patients still on probation) .....	256	281	537
First Admissions for Year ending December 31st, 1949 .....	8	9	17
Re-admission for year ending December 31st, 1949 .....	0	1	1
Total under treatment during Year 1949 .....	258	283	541

Discharges during the year:

	Male	Female	Total
(a) Recovered .....	--	--	--
(b) Much Improved .....	--	--	--
(c) Improved .....	--	--	--
(d) Unimproved .....	1	6	7
Transferred out .....	2	0	2
Discharged .....	1	6	7
Deaths .....	4	1	5
Total Discharged, Transferred or Died .....	7	7	14
Total on Register as at Dec. 31, 1949 .....	258	283	541
(including probations)			
Total Patients taken out during year .....	15	15	30
Total Patients returned during year .....	10	12	22
Total Patients still on Probation as at Dec. 31st, 1949 .....	5	3	8

TABLE No. II.

**DENTAL REPORT FOR 1949**

Number of Patients examined .....	1,103
Number of Patients resistive or refusing treatment ....	22
Extractions .....	201
Local Anaesthetics .....	167
General Anaesthetics .....	2
Scaled and Polished .....	277
Gum Treatments .....	372
Fillings .....	170
X-Rays .....	6
Dentures .....	7
Dentures repaired .....	8
Dentures Adjusted .....	9
Working Days .....	57

DOCTOR A. GADIEL, Dentist.



TABLE No. III.

LABORATORY REPORT

Red Blood Counts .....	290
Haemoglobin .....	290
White Blood Counts .....	295
Differential Counts .....	295
Wassermann .....	85
G. C. Smears .....	846
G. C. Cultures .....	846
Urinalysis:	
Specific Gravity .....	238
Acetone .....	238
Sugar .....	238
Albumin .....	238
Microscopic .....	238
Basal Metabolisms .....	18
Blood Urea Nitrogens .....	6
Milk Examinations .....	12
Stool Examinations .....	5
Blood Sugars .....	8
Sedimentation Rates .....	9
Spinal Fluid Examinations .....	4
Smears Examined for T.B. ....	26
Miscellaneous Smears .....	6
Platelet Counts .....	3
Mantoux .....	138
<hr/>	
Total .....	4,372

TABLE No. IV.

SUMMARY OF THE RADIOGRAPHIC WORK DONE BY PORTABLE X-RAY UNIT  
AT MANITOBA SCHOOL—1949.

No. of Radiographic Examinations		No. of Radiographic Examinations	
Chest .....	817	Barium Enemas .....	2
Extremities .....	51	Head .....	11
Spine .....	8	Pelvis .....	1
Intravenous Pyelogram ....	4	Dental .....	55
Gall Bladder Visualization	5	Miscellaneous .....	22
Barium Meal .....	10	<hr/>	
		Total Examinations .....	986
 Total Number of Radiographs Made .....		1,235	

Surveys and Clinics:

Travelling Clinic Sanatorium Board at Portage la Prairie .....	489
Silicosis Survey of Miners Prescribed .....	823
Silicosis Survey of Foundrymen Prescribed .....	1,098
Silicosis Surveys of Non-Prescribed .....	1,238
Crippled Children's Surveys .....	96
Pine Falls Silicosis Surveys .....	29

A total of 5,008 Radiographic examinations were made in 1949.

499 Photographs were made of Miners and Foundrymen on Silicosis Surveys.

38 Different Set-ups were made during 1949.

### CALENDAR OF ACTIVITIES

It is probably desirable to give a brief but specific outline of our training programs both practical and social at this time. Where it is a Federal Health Project such will be indicated by the project number.

#### Rehabilitation Activities:

- A. **Hairdressing, manicuring, dress, personal hygiene**—F.H.P. No. 606-5-14—part-time teacher (1). Training facilities for a group of 6 at a time.
- B. **Music**—Boys and Girls Choir for 30 members—choral and dramatic training. Part-time music teacher (1) from Provincial budget.
- C. **Religious Training and Education**—Planned program with integrated teaching by Ministerial Association. Dramatic presentation aided by motion pictures, strip films and slides, church bell, stage effects to make the whole vivid, living and objective. This program is emphasized at this institution and has a powerful influence for good within the institution and provides a conditioned individual who may be led or directed to such activities on discharge from the institution. Average church attendance is 200.
- D. **Boys and Girls Clubs**—Provide a splendid activity to teach group living, discipline, recreation and entertainment; excellent for bringing out hidden personality traits in high grade girls and boys for good. It develops personal pride and self-respect. It teaches many of the principles of morality and socially accepted behaviour we never found possible by other means. It teaches boys and girls to think, make comparisons, judgments, choices, elections of behaviour that they could not do before and was the real basis of their deficiency. It may not be stating it too strongly to say that it gives them a conscience. All teaching, training and leadership is supplied by nursing staff. This is becoming too big a job and we feel the need of well trained, enthusiastic, socially-minded assistants. We think this plan merits Federal assistance as a specific project, and that it merits investigation as an accepted method in school for the mentally deficient anywhere as a rehabilitation project of greater and more powerful influence than any other known today. An observation—it does not make intelligence—it is not academic—it does develop to the limit available and potential intelligence. An observer should spend at least a month in the institution to see the plan working. Boys Club membership is 39. Girls Club membership is 64.
- E. **Wood-Working Shop**—Some equipment has been made available by F.H.P. No. 606-5-18 in the amount of \$1,500.00. There is provision for classes of 12; staff (1) from Provincial budget. Articles are made for institutional use: repair, upholstering and re-decoration being developed; wooden toy-making featured. Public sales of toys amounted to \$161.15 this year.
- F. **Girls Work and Craft Room**—Facilities for 30 students; staff (1) from Provincial budget. The program includes rug making, weaving, knitting, crocheting, the manufacture of institutional needs, making of concert costumes, stage properties, club regalia and furnishings. Public sales from this department amounted to \$209.37 in this year.



- G. **Sewing Room**—Machines and training for 4; staff (1) from Provincial budget. All staff uniforms, patients' dresses and underclothing, institutional linen and drapes are made in the sewing room. It is estimated that by 1952 facilities will have to be doubled because of construction of new wing and resulting increase in staff and inmates, particularly females. New articles made were 2,824—articles reconditioned were 4,678.
- H. **Mending Room**—Situated in new laundry and has excellent facilities. Staff (1) from Provincial budget. It has facilities in machines and training for 6. All linen going through laundry which needs repairing is handled in the mending room. Room for expansion has been provided when new wing is built.
- I. **Tailor and Shoe Repair Shop**—Some equipment from F.H.P. No. 606-5-16 in amount of \$600.00: Staff (1) from Provincial budget. This shop provides for the making of overalls, jackets, smocks for population and repairs all shoes. It has machines and training facilities for six. Articles manufactured—565; Leather goods 63, shoes repaired (male patients) 516, shoes repaired (female patients) 546, camisoles, restraint sheets repaired 655, clothes repaired (male patients) 3,261.
- J. **General Occupation and Training**—Boys—Farm—dairy 11, field 10, grounds and garden 18, laundry 9, stores 4, power house 4, kitchens 3, dining rooms 6, house and ward work 43, messengers 2. Total 113.
- K. **Kindergarten**—One class room; average attendance 13, teacher (1) from Provincial budget. It provides only formal academic training and requires enlargement of program and facilities. Room for such awaits construction of new wing. Project F.H.P. has been presented for study.

**Conclusions and Acknowledgments:** The year has been replete with activities in every direction. Large and important services have been added. The institutional program for the boy and girl, we believe, has some unusual features but we feel that to write about it is not sufficient. Much depends on the "spirit" of the whole undertaking and any observer or interested administrator would have to "live" with it to gain any impressions of its values.

I recall with sincere appreciation the efforts of my co-workers throughout the year. There are many who quietly day by day give not only their time unstinted but their heart to their post at this institution. If it were not so I could not record a year of peace and happiness in our population, nor the solution of troubles that are part of human endeavour. I commend their efforts to you with pride and grateful thanks.

May I acknowledge to you, Sir, kindly and prompt assistance in submissions I have made on behalf of this institution and encouragement in my plans of development.

Finally, could I ask that you convey to the Minister of Health and Public Welfare and his Deputy Minister sincere appreciation of the consideration I have been given as Medical Superintendent. Their final approval of my numerous requests has made possible an outstanding year in the history of this institution.

Respectfully submitted,

H. S. ATKINSON,  
Medical Superintendent.

Doctor H. S. Atkinson,  
Medical Superintendent,  
The Manitoba School,  
Portage la Prairie, Manitoba.

Sir:

I beg to submit herewith the Bursar's Annual Report for the fiscal year ended 31st March, 1949.

**Salaries:** Our expenditures were up \$17,000.00. They of course will increase further as we are able to secure personnel up to our full establishment. We are still operating with a short staff, mainly in the female nursing division.

**Supplies:** Foodstuffs have been the high point in the cost of living index, now more than double the basic level: this explains an increase in expenditures of nearly \$13,000.00.

**Clothing:** Expenditures were practically identical with those of last year, and costs appear to be levelling off somewhat.

**Maintenance of Mental Defectives Outside Institutions:** Expenditures in this connection, which are not controlled by this institution were \$47,939.24, as compared with \$35,260.10 for the preceding year.

**Board Supplied to Employees:** The amount recovered was \$21,854.33, almost identical with that of the preceding year (\$21,833.19).

**Housekeeping:** We are still without the services of a trained dietitian. Our chief cook, Mr. Cartwright, was transferred to the Normal School, and was succeeded by Mr. P. L. Venn. Food-stuffs generally are now in normal supply, but the anticipated drop in prices has not materialized: on the contrary, costs have shown a steady advance, meat in particular.

**Store:** The hut from the Manning Depot is now in full operation, and it is proving an immense improvement. Goods can now be brought in in larger quantities and effectively set out, and the additional refrigeration is of great benefit.

The new pasteurizing plant is housed at one end of the hut, so this work is now done quickly and efficiently on our own premises.

**Tailor and Shoe Shop:** Minor unholstering is now being undertaken in addition to other work, resulting in a saving of expense as well as providing practical training for our patients in this department.

**Occupational Therapy Department:** Several minor items of equipment have been added, particularly to our wood-working shop, so that there was a net loss of \$113.96 in the year's operations. It is pointed out, however, that many articles are made, both in the handicrafts room and the wood-working shop, which are for use in the school, and from these no revenue is derived.

Receipts .....	\$365.25
Expenses .....	479.21
	-----
Net loss .....	\$113.96



**General:** There has been a heavy turn-over in personnel, and the female nursing division has operated under a severe handicap, being approximately 50% understaffed. Even the higher salary schedule provided by the new Pay Plan, did little if anything to attract applicants. The situation has improved considerably at the date of this report, however, and the outlook for the future is decidedly more favourable than it has been for some years.

Our Graduating Exercises were held on 20th May, 1949, for a class of 8 nurses and 11 attendants. We were again favoured with a large attendance by the public, and the many comments showed that these exercises are now regarded as one of the highlights of the life of this community.

Our religious services on Sundays are particularly worthy of mention. The new Recreation Hall with its platform and pulpit, creates the right devotional atmosphere, which is enhanced by our patient choir, trained by a competent teacher. The choir has assisted on several occasions at the regular services of the local churches, mingling afterwards with the members of the congregations, and conducting themselves in a manner reflecting much credit on the school.

Sports days, picnics and other summer activities, as well as picture shows, concerts and other entertainments in the winter, have rounded off a busy year in which we saw much accomplished. Tribute is due to the unflagging work of the staff, whose interest was carried far beyond their allotted duties, and to whom no call was ever made in vain.

Finally, I take this opportunity of expressing to you, Sir, my grateful thanks for the many kindnesses shown me, and for the advice and assistance so readily accorded me at all times.

Respectfully submitted,

F. D. BULL,  
Bursar.

TABLE V.

STATEMENT OF APPROPRIATIONS AND RELATIVE EXPENDITURES

FOR YEAR ENDED 31st MARCH, 1949.

	Appropriations	Expenditures
<b>HEALTH AND PUBLIC WELFARE:</b>		
Administration and Subsistence:		
Salaries .....	\$209,205.00	\$187,390.20
Supplies .....	75,000.00	80,943.56
Clothing .....	10,500.00	10,451.09
Expenses, Equipment and Renewals .....	32,000.00	33,124.06
Maintenance of Mental Defectives outside Institutions .....	34,000.00	47,939.24
	360,705.00	359,848.15
Less: Board and living allowances supplied to employees .....	23,500.00	21,854.33
	\$337,205.00	\$337,993.82
<b>FARM:</b>		
Salaries .....	13,700.00	12,754.30
Supplies, Expenses, etc. ....	8,500.00	8,185.60
	22,200.00	20,939.90
Totals .....	\$359,405.00	\$358,933.72
<b>PUBLIC WORKS:</b>		
Operation and Maintenance:		
Salaries .....	\$ 24,016.00	\$ 24,732.71
Fuel .....	21,000.00	22,206.95
Light, Power and Water, etc. ....	20,000.00	19,183.45
Special Projects .....	58,000.00	48,561.22
Totals .....	\$123,016.00	\$114,684.33



TABLE VI.

DAILY POPULATION REPORT FOR YEAR ENDED 31st MARCH, 1949.

	Month	Days	Patient Days
1948	April	30	16,038
	May	31	16,538
	June	30	15,910
	July	31	16,386
	August	31	16,377
	September	30	15,932
	October	31	16,518
	November	30	15,996
	December	31	16,536
1949	January	31	16,500
	February	28	14,952
	March	31	16,562
Totals .....		<u>365</u>	<u>194,245</u>

Daily Average—532.





DIVISION  
of  
PUBLIC WELFARE

1. GENERAL WELFARE SERVICES.

2. PENSION SERVICES.





# Public Welfare Services

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Dr. C. R. Donovan, D.P.H.,  
A/Deputy Minister of Health and Public Welfare,  
Legislative Building,  
Winnipeg, Manitoba.

Sir:

I have the honour to submit the report of the Public Welfare Division for the year ending December 31st, 1949.

**Growth of Provincial Welfare Services:** More people than ever before in any one year applied for services and assistance. These applications were reflected in 3,100 new cases opened by the division. These figures, however, must be considered in context. The context is this: An increasing demand by the public for welfare assistance and services and an increasing provision by the government of these services.

Manitoba's Public Welfare Services have grown in the short space of one generation from practically nil to a host of provisions and services designed to strengthen and protect family and child life. Manitoba has poineered among the provinces in this regard. Our "firsts" in the fields of Mothers' Allowances, Old Age Pensions, Child Welfare legislation and Child Welfare services are a social record of citizen-interest, citizen-participation and citizen-building. It is less than 35 years since the first Mothers' Allowance legislation in Canada was passed by our Legislative Assembly in 1916. Since then, two world wars, world revolution and world depression have attacked and threatened our family unit in its solidarity, and in its economic cohesion and strength.

The following statistics for 1949 will illustrate the heavy responsibility the Manitoba Government now takes in the public welfare field. You will note that when old age and blind pensioners are included, the welfare activities administered and supervised by the province affect directly one in every twenty persons and cost per capita for every man, woman and child in our population \$13.00.

Application for financial assistance .....	1,033	
Application for social services .....	2,097	
		<hr/>
Total applications .....	3,100	
Case-load at December 31, 1949 .....	5,081	
Old age and blind pensioners as at December 31, 1949 .....	17,205	
Children's aid societies' case-load at December 31, 1949 .....	4,049	
Estimated number of cases receiving relief from municipalities in 1949 .....	11,169	
Case-load as at December 31, 1949 .....	5,081	
		<hr/>
	37,504	
		<hr/>
Welfare cost in province for pensions .....	\$7,041,821	
Welfare cost in province for municipal relief .....	1,048.025	

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Welfare cost for children's aid societies .....	135,650
Total welfare budget of province in 1949 (estimated) .....	1,500.000
	<hr/>
Total cost of provincial and municipal welfare services .....	\$9,725.495
	<hr/>

### WELFARE SERVICES DIRECTLY ADMINISTERED BY THE PROVINCE THROUGH THE PUBLIC WELFARE DIVISION

The following headings and brief explanatory material outline the program of the Public Welfare Division as administered through our regular staff of social workers located at Winnipeg, Selkirk, Brandon, Dauphin, Swan River and Flin Flon.

**Social Assistance:** This is our relief responsibility, similar to that of a municipality. It is limited to residents of unorganized territory in Manitoba or citizens without municipal residence. It is our job to investigate all applications for aid; to help those who are in need to establish their eligibility; and to pay to those eligible those amounts only for which they are eligible, and for only so long as they are eligible. It is our aim to grant this assistance in a manner which does not weaken but rather strengthens the self-respect, initiative and rehabilitative resource of the recipients.

There were, in 1949, 995 people applied for social assistance; 980 applicants were enrolled; 90 applicants were refused or applications withdrawn; and 876 people were cancelled from assistance.

**Mothers' Allowances:** Our program here provides a high minimum of economic maintenance for bereaved and dependent children where the father is dead, or totally disabled, either mentally or physically. It is the responsibility of the Public Welfare Division to investigate all applications for aid, to help those who are eligible to prove their eligibility, to enroll those eligible in the amounts for which they are eligible and for only so long as they are eligible, and to grant assistance in a manner which strengthens the self-respect, initiative and rehabilitative resources of the recipients.

There were, in 1949, 262 informal applications received; 34 formal applications carried over from 1948; 214 formal applications received; 172 applications granted; 36 applications refused or withdrawn; 40 applications carried over to 1950; 107 cases cancelled during the year; 686 cases in receipt of allowance January 1, 1949; and 762 cases in receipt of allowance December 31, 1949. Altogether, 840 different families with 2,260 children were helped.

**Services for Transients:** This responsibility occurs because of persons who need assistance in Manitoba, who may have residence elsewhere (in some other province) or who may have acquired, or have lost, residence elsewhere. It includes, as well, responsibility for persons in need of assistance who live in another province and apply for assistance there, but where Manitoba is the province in which they have legal residence. This means that in some instances the division assumes the cost, and in others, the division acts only on behalf of municipalities to make some arrangement either for payment or for return of the family or individual. Approximately 288 cases of transients received assistance from the welfare division in 1949.

**Services of Child Protection:** It is our responsibility to investigate all complaints or reports of neglected children, including children born out of wedlock. If the complaints are founded, it is the social worker's responsibility to bring whatever advice, personal resources, and community resources, (economic, health or educational) there are available to bear to correct the neglect or potential neglect. If we are unable



to treat or to prevent the neglect situation within the child's own home or family it is our responsibility to remove the child and to apply to the Juvenile Court for substitute guardianship.

There were, in child protection in 1949, 507 open cases on record at the start of the year; 292 additional new cases were referred to us; 232 cases completed services cases for us; and 567 cases were receiving or in need of child protection services at the end of the year.

**Guardianship of Children:** This responsibility, sometimes called ward care or ward maintenance, is to see that substitute guardianship, either temporary or permanent, is provided for children committed to the director's care and custody by the courts. This means that children are put in situations where they are no longer neglected and where they get a reasonable opportunity, within our budget and community understanding, for mental, physical and moral growth. Part of this responsibility is to collect maintenance from parents, and municipalities, where such have been ordered to pay by the court. There were, at January 1st, 1949, 319 children under the Director's guardianship; 54 children committed during the year 1949 to the Director's guardianship; 41 children discharged during the year 1949 from the Director's guardianship; and 332 children at December 31, 1949, under the Director's guardianship. About 220 children, on the average, were in paying care throughout the year at an approximate net cost to the province of \$65,000.

**Services to Unmarried Mothers:** It is our responsibility, in addition to protection services to the child, to offer service to the unmarried mother by endeavouring to secure filiation action by an order or agreement. This service has been delegated, in territory served by Children's Aid Societies, to these agencies; but there is a large portion of the province—in the interlake area and in the districts covered by Dauphin, Swan River and Flin Flon offices—where this service is given by our social workers.

The child of an unmarried mother is in a particularly vulnerable position, since in addition to the lack of a father's care and financial insecurity, there is often the lack of a mother's care. The choice for the mother usually lies between taking the child back to her parents' home and going out to work herself: or placing the child for adoption. The need to make these plans usually come at a time when the mother is most disturbed. Help then from a social worker often prevents the child being placed in undesirable surroundings and later becoming either delinquent or neglected.

There were, in 1949, 710 children born out of wedlock in Manitoba; 141 unmarried mothers applied to the Public Welfare Division for assistance; and 339 cases of unmarried mothers were receiving filiation and child protection services during the year.

**Adoption of Children:** It is the Public Welfare Division's responsibility to receive and investigate all applications for adoptions; to weight relative merits of adopting applicants and to decide on those eligible and suitable to adopt children; to notify all applicants of the decision as to whether or not they have met the necessary requirements; and to place those children who are adoptable into the most suitable homes.

Our first responsibility is recognized as being that of placing each child needing and ready for adoption into the home most closely matched to his own particular needs and potentialities so that he may be given the fullest opportunity to grow up in a normal, healthy and suitable environment.



It is our policy to give full consideration to every application to adopt and to deal fairly with all applicants. In evaluating applications, the Department has a responsibility to make a decision as to the suitability of each application and to notify applicants of that decision. We endeavour in those cases where applicants are found to be unsuitable and unlikely to receive children for adoption, to make this decision known to them in the fairest way and in a manner which will not take from their self-respect.

**There were, in Manitoba in 1949,** 140 children surrendered for adoption by parents. 448 citizens applied to adopt a child; 116 children placed by us for adoption, and 343 decrees of absolute adoption were given by the county courts.

**Probation Service for Juveniles:** Two of the district offices, Dauphin and Flin Flon, have responsibility in matters of juvenile offenders. The responsibility includes social enquiries into the circumstances of the children, when reported to the office, usually through the police. This entails reviewing each case with the Crown Attorney and, in some instances, the judge, and taking such action as is indicated. This may include appearance before the juvenile court judge.

The responsibility also includes acceptance of children on probation, and in the event of committal to a juvenile institution, the interim care, and escorting to the institution. There were, in 1949, 77 boys and girls referred to our Dauphin office for probation services; and 36 boys and girls referred to our Flin Flon office for probation services.

### **THE SUPERVISION OF OTHER WELFARE AGENCIES**

Our Public Welfare Division, in addition to providing a direct service or assistance to people in need, through our own staff of social workers, has the responsibility of supervising the activities of certain other welfare agencies. This responsibility and the activities carried on thereunder during 1949 is provided under the following headings:

Supervision of children's agencies and institutions,  
The administration of The Social Assistance Act, and  
The administration of the Broadway Home for Girls.

#### **Supervision of Children's Agencies and Institutions:**

(a) **Children's Aid Societies:** There are four non-denominational societies in Manitoba located at Brandon, Portage la Prairie, St. Boniface and Winnipeg. One denominational society for Jewish children is located in Winnipeg. Our responsibility is briefly:—

- (i) to measure the services provided by the societies;
- (ii) to collaborate with them in strengthening and integrating and developing children's services; and
- (iii) to determine the amount of assistance, if any, each society should receive from the province, and the service the province should expect from each society.

The province has delegated to the non-denominational societies the responsibility for extending in their territories the services of child protection, guardianship, and services to unmarried mothers. The Children's Aid Societies of Western and Central Manitoba, in addition, have had delegated to them for their areas the adoptions program.



**The Children's Aid Societies During 1949:**

Accepted for investigation 702 cases of reported neglect involving over 2,000 children; had committed by the courts to their temporary or permanent guardianship 158 children; served as guardians of, on the average, 950 children; placed in paying care, on the average, 445 children, by far the most of whom were placed in foster homes; secured filiation orders and agreements for 52 children; collected about \$22,500 for filiation orders and agreements; and placed 54 children for adoption and secured 95 adoption decrees.

(b) **Supervision of Children's Institutions:** The responsibility for the supervision of children's institutions is set out in The Child Welfare Act. Part of that supervision is carried forward by the Health Division of the Department of Health and Public Welfare in licencing of the institutions where factors of health, cleanliness, and safety are measured.

Our senior administrative staff in the persons of our Director and Assistant Director were, during the year, in close cooperation and collaboration with children's institutions in Manitoba, and particularly the following:

- (1) The Children's Home of Winnipeg.
- (2) Knowles School for Boys.
- (3) St. Joseph's Vocational School.
- (4) St. Agnes' Priory School.
- (5) Hugh John Macdonald Memorial Hostel, and
- (6) Protestant Children's Home.

These institutions by and large, have substantially changed their programs in the past three years. They now aim deliberately at helping the disturbed, problem child who is unable to benefit by, or not ready for, foster homes or family living. They have, therefore, gone much beyond the mere job of providing shelter, food, and organized discipline, and are into the much more time-consuming area of treating and rehabilitating children. They have, accordingly, gone far along the way of engaging sufficient and competent staff and have tended to focus their attention on the problems of children rather than on the problems of filling a large institution.

(c) **Grants to Charitable Institutions:** The following grants were recommended, during 1949, through the Welfare Division:

The Children's Aid Society of Winnipeg .....	\$32,000
The Children's Aid Society of Central Manitoba .....	11,275
The Children's Aid Society of Western Manitoba .....	10,850
The Children's Aid Society of Eastern Manitoba .....	8,550
The Canadian Paraplegic Association .....	3,000
The Salvation Army .....	900
The Canadian Welfare Council .....	700
The Last Post Fund .....	750
The Bethel Old Folks' Home (Gimli) .....	50
	<hr/>
	\$68,575
	<hr/>

**The Administration of The Social Assistance Act**

The Social Assistance Act received Royal assent on March 22, 1949. It provides, by and large, that municipalities may apply for a pro rata share of \$300,000 appropriated annually by the Legislature. This money partially reimburses municipalities for their relief and child welfare expenditures of the previous fiscal year.

Cheques totalling \$300,000 were sent out on September 9, 1949, to 161 municipalities which had made claim under this Act. The following figures indicate the extent of social assistance and child welfare cases and expenditures for the calendar year, 1948:—

Number of cases receiving relief from municipalities in 1948 .....	10,154
Total municipal expenditures for relief in the year 1948 .....	\$1,173,614.69
Total municipal expenditures in 1948 for maintenance of wards committed to children's aid societies or to the Director of Public Welfare .....	\$ 202,912.61

The reimbursement by the province was by and large, 22.4% of the municipal expenditures. A few illustrations of the amount of money paid under this Act are herewith given:

Ethelbert .....	\$ 609.88	St. Vital .....	5,494.75
Ritchot .....	758.72	Winnipeg .....	191,920.54
St. Clements .....	1,822.89		

**Administration of the Broadway Home for Girls**

This program is designed to bring back into the community through a protected situation those mentally defective girls who have been sufficiently socialized and trained in the Manitoba School for Mentally Defective Persons. The program of the home is under the management of the Assistant Director of Public Welfare operating under a policy as regularly reviewed by a committee composed of the Provincial Psychiatrist, the Director and the Assistant Director, of Public Welfare, the Matron of the home and the social worker in the home. The following brief summary of activities during the calendar year 1949 is submitted:—

The year began with 17 girls in care and there were 18 in care at the end of December.

A total of 6,234 days' care was provided, of which 3,565 days were for girls living in the home, and 2,669 days were for girls living out, but returning once or twice a week or spending short intervals in the home because of special circumstances.

The girls earned, exclusive of room and board, \$5,281.87, or about \$300 each, plus maintenance. Girls refunded as board, \$968.70 and met their own clothing bills and part of their medical and dental expenses. Months of earning employment were 196.

The home continued during the year under the staff and management of previous years.

The employment records show that there were few periods of unemployment, indicating a satisfactory job performance. However, this record was only maintained through the careful supervision of the home staff, who are constantly called upon to adjust minor and major difficulties which arise at work and which would lead to serious difficulty if allowed to grow. The learning ability of these girls is limited, as is their speed of learning and, therefore, rehabilitation is neither swift nor startling. The staff and committee in charge consider as marks of progress, gradual development of the girls in learning to live in the community and a growing self-discipline in their own behaviour. Satisfying progress in these aims may be reported for the year 1949.



### CONCLUSION

Attached hereto are brief statistical tables describing in numbers and quantities this public welfare activity of government which is essentially a very human subject matter. I would like to repeat here one or two of the things I mentioned in introducing my report for the year 1948.

The program and activities carried by the Public Welfare Division in the past year, as at anytime, find their broad base in the relationships that have existed, and do exist, between the people who apply for and receive our services and the people; the staff, who are employed by the government to act in a helpful way to those who are entitled under the law and who are in need of the services. The staff, because the basic purpose of the division is to be helpful, have to be aware of their responsibility to see that the rights of citizens to courteous, effective, helpful service are given proper emphasis when those same citizens are called upon to exercise and carry those responsibilities and obligations as established by the laws and policies of the government which govern their eligibility to receive service and assistance. The responsibility of carrying the following programs and activities, simply put, must be within the law of the province but the method must be one which respects the democratic rights of the citizens to equal treatment under the law the right to a fair hearing, the right to free expression and to wide opportunity for individual growth and development.

The year 1949 was the busiest year in the history of the division. The heaviest of demands were made on the staff in terms of interviews, calls made, miles travelled, correspondence and so forth. I believe that during the year our staff measured up to the difficulties presented in this situation, and I believe that they followed with loyalty and devotion the welfare laws and policies of the department. I would like to take this opportunity of extending to each and everyone of them my appreciation and thanks. May I express to you Sir, and to the Minister, the Honourable Mr. Schultz, my appreciation of help and guidance received throughout the year.

Respectfully submitted,

K. O. MACKENZIE,

Director of Public Welfare.

**INTAKE OF CASES****For Year Ending December, 1949.****APPLICATIONS FOR FINANCIAL ASSISTANCE:**

<b>Winnipeg Office:</b>	Jan.-Mar.	April-June	July-Sept.	Oct.-Dec.	TOTAL
Mothers' Allowance .....	51	62	56	69	238
Social Assistance .....	175	113	91	94	473
Aged and Infirm care .....	3	4	5	3	15
<b>Dauphin Office:</b>					
Mothers' Allowance .....	2	5	9	5	21
Social Assistance .....	37	26	22	32	117
Aged and Infirm care .....	1	....	2	....	3
<b>Flin Flon Office:</b>					
Mothers' Allowance .....	1	....	2	....	3
Social Assistance .....	33	26	33	40	132
Aged and Infirm care .....	1	....	....	....	1
	304	236	220	243	1,003

**APPLICATIONS FOR SOCIAL SERVICES:**

<b>Winnipeg Office:</b>					
About Protection of Children ....	33	32	38	38	141
About Unmarried Mothers .....	22	21	10	10	63
Cases Referred for Probation Services .....	....	....	....	....	....
For Foster Children .....	37	21	70	47	175
For Adoptive Children .....	112	93	84	96	385
Request for Service from other Agencies .....	180	171	160	153	664
Unclassified Cases .....	53	33	23	36	145
<b>Dauphin Office:</b>					
About Protection of Children ....	18	10	17	12	57
About Unmarried Mothers .....	5	13	14	9	41
Cases Referred for Probation Services .....	11	10	21	35	77
For Foster Children .....	6	3	5	7	21
For Adoptive Children .....	3	6	16	10	35
Request for Service from other Agencies .....	11	9	8	3	31
Unclassified Cases .....	4	10	5	7	26
<b>Flin Flon Office:</b>					
About Protection of Children ....	24	18	21	31	94
About Unmarried Mothers .....	12	8	5	12	37
Cases Referred for Probation Services .....	8	13	5	10	36
For Foster Children .....	....	....	....	....	....
For Adoptive Children .....	11	4	8	5	28
Request for Service from other Agencies .....	10	3	11	17	41
Unclassified Cases .....	....	....	....	....	....
	560	478	521	538	2,097



CASE LOAD—PUBLIC WELFARE DIVISION

For the Year Ending December 31st, 1949.

	Mothers' Allowance Cases and Enquiries	Adopt. Applic. In Process	Social Assistance Cases and Enquiries	Aged and Infirm Cases	Children In Adopt. Homes	Unmarried Mothers	Juvenile under Probation	Family Welfare Involving Child Protection	Wards	Request for Service and Unclassified	TOTAL
Jan. 1/49 .....	769	522	918	85	432	334	69	507	319	220	4,176
Dec. 31/49 .....	863	593	1,102	87	504	339	142	567	331	553	5,081

COMPARATIVE ANNUAL INTAKE SINCE 1946 OF NEW CASES FOR SOCIAL SERVICES

A. Protection of Children .....	1946	1947	1948	1949
B. Children born out-of-wedlock for whole Province .....	177	267	258	292
C. Request for miscellaneous service—other agencies, etcetera .....	697	753	696	710
D. Applications to Adopt Children .....	952	606	642	736
	340	361	350	300

CHILD WELFARE ACT—PART III

For Year Ending December 31st, 1949.

Months		Formal Applications Received      Granted		Withdrawn and Refused	No. of Cases Cancelled	No. of Children Aided	No. of Families under Allowance
Deferred from previous year .....		34	....	..	....	.....	.....
Jan.—	New	12	12	3	28	1,786	686
	Re-applications	1	5	2	..	.....	.....
Feb.	New	10	9	1	5	1,803	691
	Re-applications	1	1	..	..	.....	.....
March—	New	15	4	3	3	1,798	693
	Re-applications	1	1	..	..	.....	.....
April—	New	23	14	3	6	1,804	701
	Re-applications	2	..	1	..	.....	.....
May—	New	19	19	1	8	1,834	714
	Re-applications	2	2	..	..	.....	.....
June—	New	15	21	4	7	1,867	730
	Re-applications	3	2	..	..	.....	.....
July—	New	12	13	1	7	1,905	740
	Re-applications	1	4	..	..	.....	.....
Aug.—	New	15	9	5	5	1,912	744
	Re-applications	..	..	..	..	.....	.....
Sept.—	New	13	11	2	13	1,909	742
	Re-applications	4	..	1	..	.....	.....
Oct.—	New	11	14	3	10	1,929	748
	Re-applications	4	2	..	..	.....	.....
Nov.—	New	23	8	2	3	1,954	755
	Re-applications	2	2	3	..	.....	.....
Dec.—	New	23	17	1	12	1,976	762
	Re-applications	2	2	..	..	.....	.....
		214	172	36	107	.....	.....
Applications carried over to next year .....		40					

Families under allowance during year ..... 840  
Number of children assisted during year ..... 2,260

WARDS OF THE DIRECTOR

Wards on Hand as at January 1/49 ..... 319  
T    99  
P    220  
New Wards January 1/49-December 31/49 ..... 58  
T    40  
P    18



Discharged During the Year:

of age .....	14	
Guardianship Discharged .....	21	
Court orders lapsed .....	4	
Married .....	1	
Died .....	1	41
		-----
Wards on Hand as at January 1/50 .....		336
		-----
	T 102	
	P 234	

CHILD WELFARE ACT—PARTS V. AND VIII.

COMPARATIVE FIGURES 1948 AND 1949.

	1948	1949
Children born out-of-wedlock .....	696	710
Filiation agreements and orders .....	34	61
Children listed for adoption .....	171	140
Children placed in adoption homes .....	125	116
Applications for adoptable children .....	350	448
Decrees of adoption granted .....	321	343

Applications for adoptable children include applications and adoption homes.

# The Old Age and Blind Persons' Pensions Board

(With respect to the administration of "The Old Age and Blind Persons' Pensions Act", for the Calendar Year 1949.)

Dr. C. R. Donovan, D.P.H.,  
A/Deputy Minister,  
Department of Health and Public Welfare,  
Winnipeg, Manitoba.

Sir:

I beg to submit herewith a report respecting the administration of The Old Age and Blind Persons' Pensions Act for the calendar year 1949.

The Board during the calendar year 1949 received 3,091 applications for old age pension compared with 2,920 received during the year 1948.

Deaths of persons in receipt of old age pension during the year numbered 1,732.

There were 45,494 persons filed applications for old age pensions since the passing of the Act. The disposition of the above mentioned applications received up to the 31st day of December, 1949, is as follows:

Number of applications received .....		45,494
Cheques issued for the month of December, 1949 .....	16,682	
Applicants moved to another province or country .....	1,720	
Payment of pension suspended .....	772	
Applications approved during December, 1949 .....	243	
Applications withdrawn or rejected .....	1,561	
Deceased .....	23,902	
Applications received but not yet approved .....	614	
	<hr/>	<hr/>
	45,494	45,494

The number of cheques in regular payment of old age pensions during the year totalled 199,652. This was 15,111 more than the number issued the previous year.

The following statement sets out the number of applications received and the number of deaths, month by month, during the year:

1949	Number of Applications	Number of Deaths
January .....	236	138
February .....	206	142
March .....	226	135
April .....	232	160
May —.....	146	181
June .....	449	161
July .....	250	146
August .....	305	132
September .....	271	140
October .....	260	149
November .....	253	122
December .....	257	126
	<hr/>	<hr/>
	3,091	1,732



**BLIND PENSIONS**

Provision was made for the payment of pensions to the blind as from the 1st day of September, 1937.

The total number of applications for pension in respect to blindness was 1,028 up to the 31st day of December, 1949. The disposition of these applications was as follows:

Number of applications .....		1,028
Cheques issued for the month of December, 1949 .....	523	
Applications rejected on the basis of applicants being ineligible with respect to the degree of blindness .....	57	
Applications rejected on other grounds .....	45	
Applications certified as qualifying with respect to blindness during December .....	6	
Applicants moved to another province or country ....	40	
Applications waiting certification of blindness .....	4	
Pensions stopped for various reasons .....	41	
Applications withdrawn .....	17	
Applications cancelled .....	2	
Applicants deceased .....	226	
Applications received but not yet approved .....	67	
	<hr/> 1,028	<hr/> 1,028

Administration of "An Act to provide Special Assistance to Municipalities for Old Age and Blind Pensioners," for the calendar year 1949.

This is the first Annual Report submitted by The Old Age and Blind Persons' Pensions Board with respect to the administration of "An Act to provide Special Assistance to Municipalities for Old Age and Blind Pensioners", which came into force on the First day of March, 1949.

The Board, under the provision of Section (3) of the Act, issued certificates with respect to 338 pensioners who had been maintained in institutions or boarding homes by municipalities during the months of January and February, 1949. The total of the amounts disbursed by the Provincial Treasurer to municipalities under the provisions of this Section, on the certification of the Board, was \$3,088.16.

Persons in receipt of pension, under the Old Age Pensions Act (Canada), in Manitoba, were not entitled to assistance under the provisions of "An Act to provide Special Assistance to Municipalities for Old Age and Blind Pensioners" with the coming into force of the Act of Parliament of Canada, which provided for a maximum of \$40.00 per month and the making of an Agreement between the Government of Canada and the Government of Manitoba providing for such increased pension to be paid in Manitoba, as from the First day of May, 1949. All payments made to pensioners were paid, therefore, only for the period commencing March 1st, 1949, and ending April 30th, 1949. The total amount of these payments was \$101,154.61.

Respectfully submitted,

L. D. McNEILL,

Chairman.





DEPARTMENT OF HEALTH  
AND PUBLIC WELFARE

Annual Report, 1949

(Calendar Year)

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